

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

RECEIVED

OCT 01 2008

FTA BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

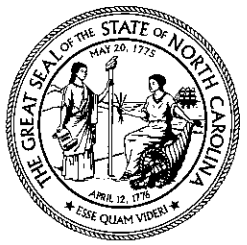
County NEW HANOVER Instrument Location WILMINGTON

Instrument Serial No. 8628 Police Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official 634
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628
Test Date: 09/11/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

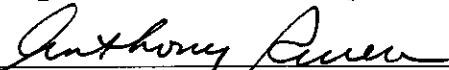
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG816303
Exp Date: 06/11/2010

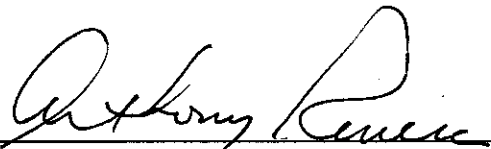
Test	g/210L	Time
DIAG	Pass	4:59pm
AIR BLK	.00	4:59pm
ACCY CHK	.08	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 341
Test Date: 09/11/2008 Test Time: 5:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLO	Pass	5:07pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm

CRC Tests

Test	Status	Time
COMP	Pass	5:08pm
CAL	Pass	5:08pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

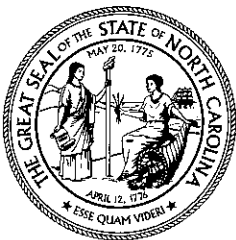
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PENDER Instrument Location PENDER County
Instrument Serial No. 8935 SHERIFFS DEPT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

PENDER PENDER CO SD 700

Serial Number: 008935

Test Date: 09/11/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

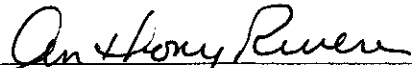
Test Type: Breath Test

Lot Number: AG722602

Exp Date: 08/13/2009

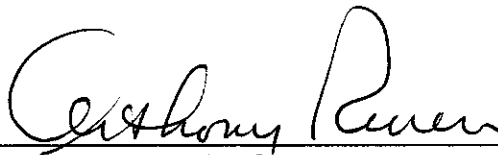
Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 65
Test Date: 09/11/2008 Test Time: 12:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

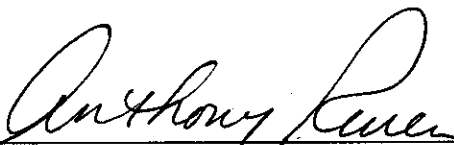
Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

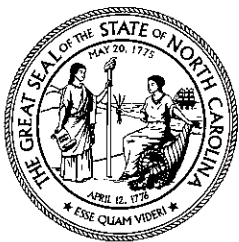
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PENDER Instrument Location PENDER County
Instrument Serial No. 8946 Sheriff's Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official

634
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 178
Test Date: 09/11/2008 Test Time: 12:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

PENDER PENDER CO SD 700

Serial Number: 008946
Test Date: 09/11/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

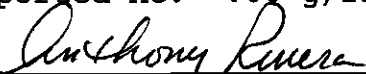
Test Type: Breath Test

Lot Number: AG722501

Exp Date: 08/12/2009

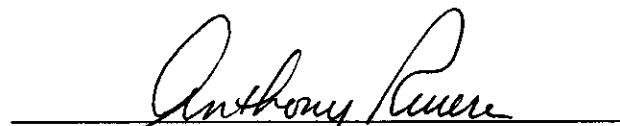
Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

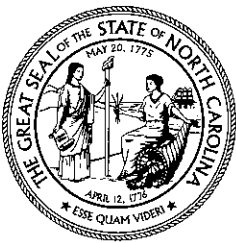
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PENDER Instrument Location Surf City
Instrument Serial No. 8948 POLICE DEPT.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Kuller
Signature of Certifying Official

634
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

PENDER SURF CITY MAGISTRATE 700

Serial Number: 008948
Test Date: 09/11/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE


Analyst's Name: *RIVERA, ANTHONY*
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722602
Exp Date: 08/13/2009


Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK	.00	10:37am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:44am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

PENDER SURF CITY MAGISTRATE 700

Serial Number: 008948 Test Record Number: 96
Test Date: 09/11/2008 Test Time: 10:45am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am

CRC Tests

Test	Status	Time
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

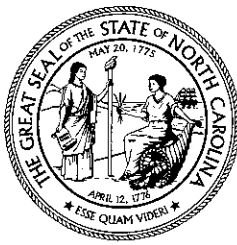
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County RICHMOND Instrument Location RICHMOND Co. MAGISTRATES
Instrument Serial No. 008840 OFFICE, ROCKINGHAM NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840
Test Date: 09/22/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

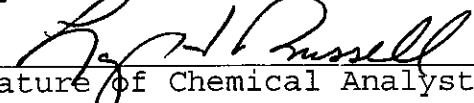
Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722501
Exp Date: 08/12/2009

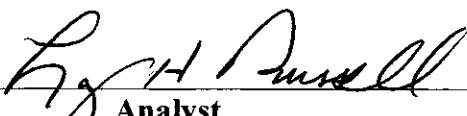
Test	g/210L	Time
DIAG	Pass	3:36pm
AIR BLK	.00	3:37pm
ACCY CHK	.07	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 133
Test Date: 09/22/2008 Test Time: 3:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:44pm
SRC	Pass	3:44pm
DET	Pass	3:44pm
BAR	Pass	3:44pm
BT	Pass	3:44pm

Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

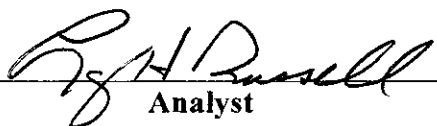
Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm

CRC Tests

Test	Status	Time
COMP	Pass	3:45pm
CAL	Pass	3:45pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

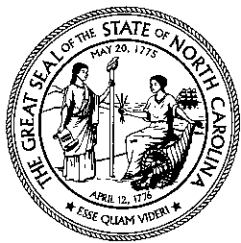
County JOHNSTON Instrument Location JOHNSTON CO. JAIL

Instrument Serial No. 008810 SMITHFIELD NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

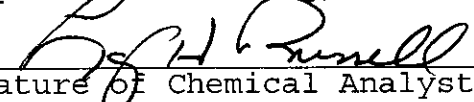
Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

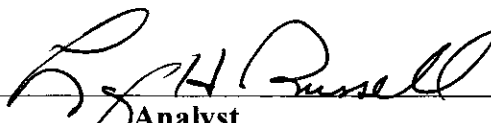
Lot Number: AG814002
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.07	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 153
Test Date: 09/23/2008 Test Time: 3:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

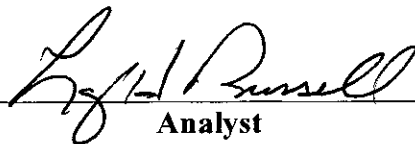
Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

CRC Tests

Test	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

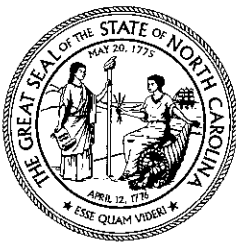
County JOHNSTON Instrument Location JOHNSTON Co. Jail

Instrument Serial No. 008629 SMITHFIELD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test.

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008629

Test Date: 09/23/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

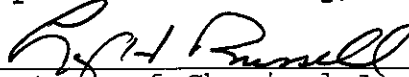
Test Type: Breath Test

Lot Number: AG722702

Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	4:34pm
AIR BLK	.00	4:34pm
ACCY CHK	.08	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008629 Test Record Number: 148
Test Date: 09/23/2008 Test Time: 4:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

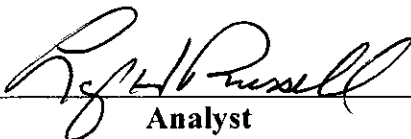
Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

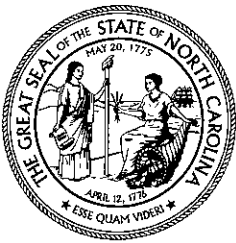
County Stokes Instrument Location Stokes Co. Jail

Instrument Serial No. 008596 DANBURY, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 09/15/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

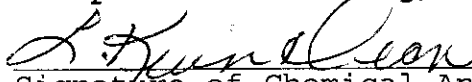
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722602
Exp Date: 08/13/2009

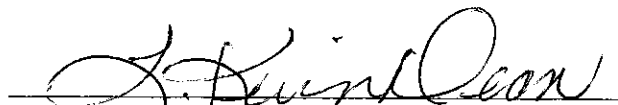
Test	g/210L	Time
DIAG	Pass	3:59pm
AIR BLK	.00	3:59pm
ACCY CHK	.08	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 307
Test Date: 09/15/2008 Test Time: 4:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

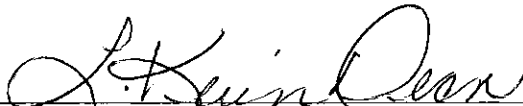
Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm

CRC Tests

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944
Test Date: 09/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

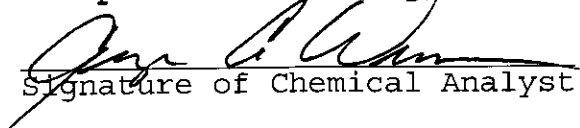
Test Type: Breath Test

Lot Number: AG722802-09

Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	7:07pm
AIR BLK	.00	7:08pm
ACCY CHK	.08	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:12pm
AIR BLK	.00	7:13pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR

Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 117
Test Date: 09/07/2008 Test Time: 7:14pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:15pm
FLO	Pass	7:15pm
FC	Pass	7:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:15pm
SRC	Pass	7:15pm
DET	Pass	7:15pm
BAR	Pass	7:15pm
BT	Pass	7:15pm

Blank Tests

Test	Status	Time
AIR	Pass	7:15pm


Printer Tests

Test	Status	Time
PRNT	Pass	7:16pm

CRC Tests

Test	Status	Time
COMP	Pass	7:16pm
CAL	Pass	7:16pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

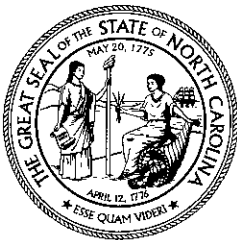
County Yadkin Instrument Location Yadkinville P.D.

Instrument Serial No. 008925

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

032
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925
Test Date: 09/07/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

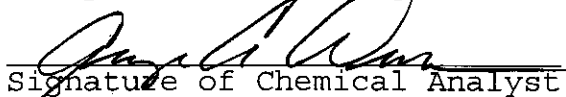
Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

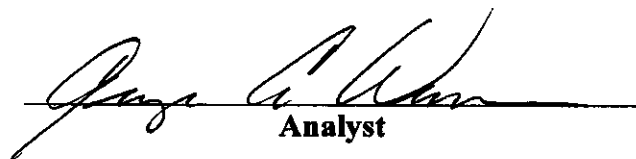
Lot Number: AG722601-02
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	7:47pm
AIR BLK	.00	7:48pm
ACCY CHK	.07	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 70
Test Date: 09/07/2008 Test Time: 7:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:55pm
FLO	Pass	7:55pm
FC	Pass	7:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:55pm
SRC	Pass	7:55pm
DET	Pass	7:55pm
BAR	Pass	7:55pm
BT	Pass	7:55pm

Blank Tests

Test	Status	Time
AIR	Pass	7:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:56pm

CRC Tests

Test	Status	Time
COMP	Pass	7:56pm
CAL	Pass	7:56pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

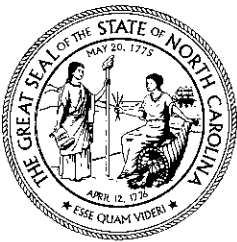
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wolfe Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008600 Celony

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 636
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 391
Test Date: 09/20/2008 Test Time: 12:23am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:23am
FLO	Pass	12:23am
FC	Pass	12:23am

Temperature Tests

Test	Status	Time
FC1	Pass	12:23am
SRC	Pass	12:23am
DET	Pass	12:23am
BAR	Pass	12:23am
BT	Pass	12:23am

Blank Tests

Test	Status	Time
AIR	Pass	12:24am

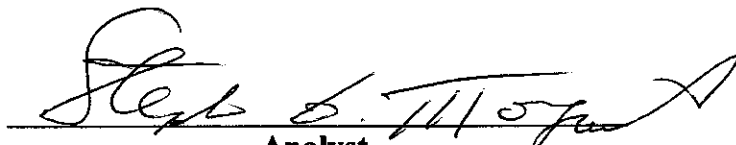
Printer Tests

Test	Status	Time
PRNT	Pass	12:24am

CRC Tests

Test	Status	Time
COMP	Pass	12:24am
CAL	Pass	12:24am

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 09/20/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Morgart, Stephen G

Permit Number: 09372E

Effective:

10/01/2007-10/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723401

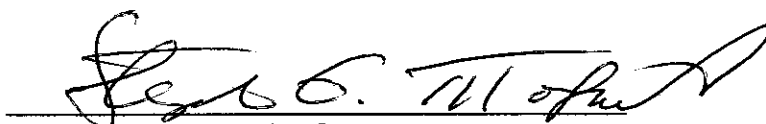
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	12:13am
AIR BLK	.00	12:14am
ACCY CHK	.07	12:15am
AIR BLK	.00	12:16am
SUB TEST	.00	12:17am
AIR BLK	.00	12:18am
SUB TEST	.00	12:19am
AIR BLK	.00	12:20am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

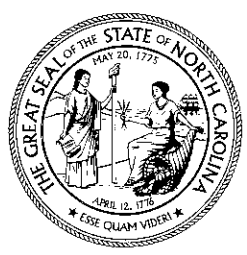
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT Mobile Unit #5
Instrument Serial No. 008698 Cary

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19TH day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official
036
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR²II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 229
Test Date: 09/19/2008 Test Time: 11:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass	11:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:26pm
SRC	Pass	11:26pm
DET	Pass	11:26pm
BAR	Pass	11:26pm
BT	Pass	11:26pm

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

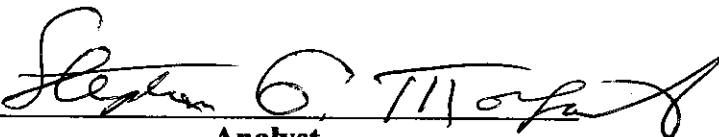
Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm

CRC Tests

Test	Status	Time
COMP	Pass	11:27pm
CAL	Pass	11:27pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 09/19/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

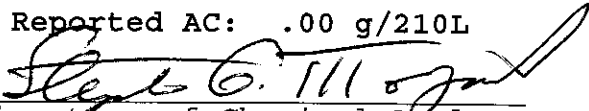
Analyst's Name: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723401
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:16pm
AIR BLK	.00	11:17pm
ACCY CHK	.07	11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:22pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

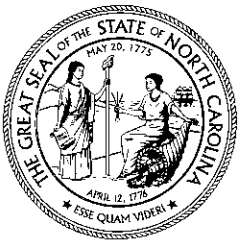
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WALDE Instrument Location BMW MOBILE UNIT #5
Instrument Serial No. 008788 Carry

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19TH day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official
636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 112
Test Date: 09/19/2008 Test Time: 11:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:34pm
SRC	Pass	11:34pm
DET	Pass	11:34pm
BAR	Pass	11:34pm
BT	Pass	11:34pm

Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

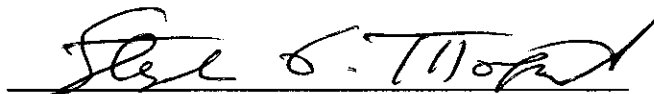
Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm

CRC Tests

Test	Status	Time
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788

Test Date: 09/19/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Morgart, Stephen G

Permit Number: 09372E

Effective:

10/01/2007-10/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	11:24pm
AIR BLK	.00	11:25pm
ACCY CHK	.07	11:26pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

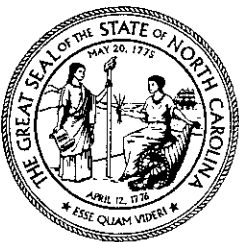
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin Ray Bunn
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647
Test Date: 09/19/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

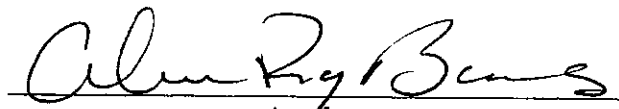
Lot Number: AG722602
Exp-Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	8:50pm
AIR BLK	.00	8:51pm
ACCY CHK	.07	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 348
Test Date: 09/19/2008 Test Time: 8:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:57pm
FLO	Pass	8:57pm
FC	Pass	8:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:57pm
SRC	Pass	8:57pm
DET	Pass	8:57pm
BAR	Pass	8:57pm
BT	Pass	8:57pm

Blank Tests

Test	Status	Time
AIR	Pass	8:58pm

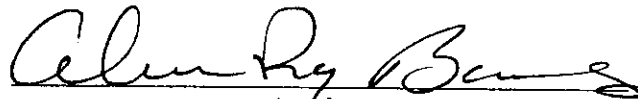
Printer Tests

Test	Status	Time
PRNT	Pass	8:58pm

CRC Tests

Test	Status	Time
COMP	Pass	8:58pm
CAL	Pass	8:58pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

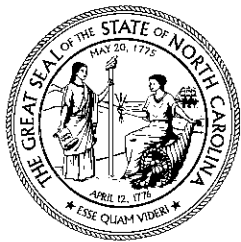
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Chowan Instrument Location Chowan Public Safety CTR.
Instrument Serial No. 008586 305 W. FREEMASON ST, EDENTON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

6047
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008586
Test Date: 09/04/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

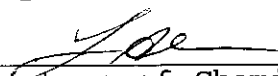
Test Type: Breath Test

Lot Number: AG809301

Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008586 Test Record Number: 247
Test Date: 09/04/2008 Test Time: 1:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

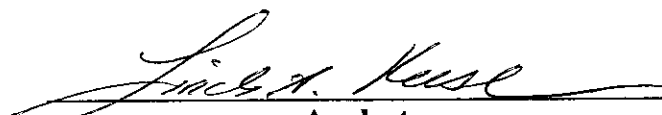
Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

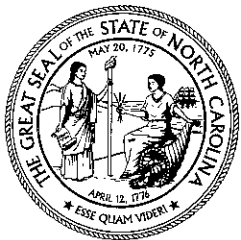
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County LEE Instrument Location SANFORD
Instrument Serial No. 008657 POLICE DEPT.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

528
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008657
Test Date: 09/15/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

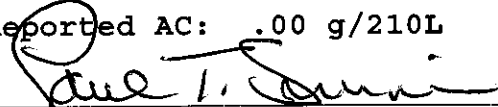
Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723301
Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008657 Test Record Number: 679
Test Date: 09/15/2008 Test Time: 2:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

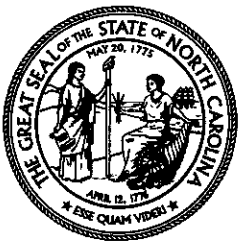
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County LEE Instrument Location LEE COUNTY
Instrument Serial No. 008645 JAIL, SANFORD, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul J. Durbin
Signature of Certifying Official

528
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645
Test Date: 09/15/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

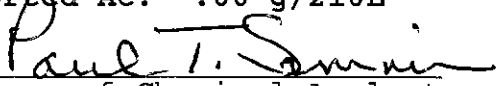
Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723301
Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 585
Test Date: 09/15/2008 Test Time: 12:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

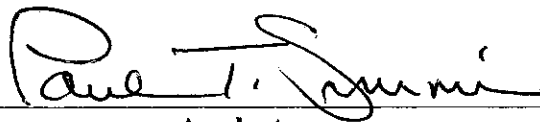
Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

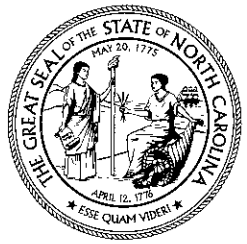
County GRANVILLE Instrument Location CREEDMOOR PD

Instrument Serial No SN-008641 111 MASONK ST, CREEDMOOR, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641
Test Date: 09/19/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

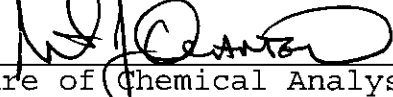
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814002
Exp Date: 05/19/2010

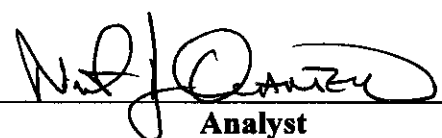
Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 339
Test Date: 09/19/2008 Test Time: 11:29am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:29am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

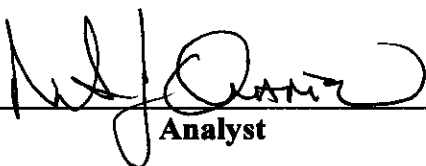
Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

CRC Tests

Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County GRANVILLE Instrument Location OXFORD P.D.

Instrument Serial No. SN - 008873 204 E M'CLAUGHAN ST. OXFORD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873

Test Date: 09/19/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG722601

Exp Date: 08/13/2009

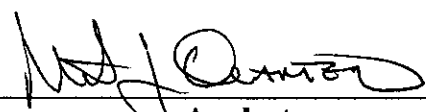
Test	g/210L	Time
DIAG	Pass	10:33am
AIR BLK	.00	10:34am
ACCY CHK	.08	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Record Number: 96
Test Date: 09/19/2008 Test Time: 10:40am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

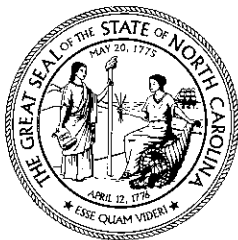
County WAKE Instrument Location WAKE FOREST PD

Instrument Serial No. SN 008700 401 OWEN ST. WAKE FOREST, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 135
Test Date: 09/18/2008 Test Time: 1:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

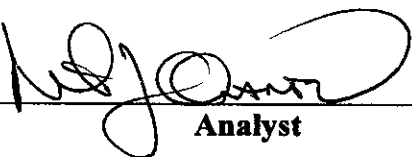
Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm

CRC Tests

Test	Status	Time
COMP	Pass	1:33pm
CAL	Pass	1:33pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700
Test Date: 09/18/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

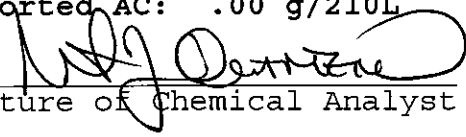
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723402
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.07	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

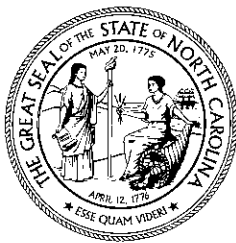
County FRANKLIN Instrument Location FRANKLIN CO. JAIL

Instrument Serial No. SU 008933 285 T KEMP RD, LOUISBURG, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933
Test Date: 09/17/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

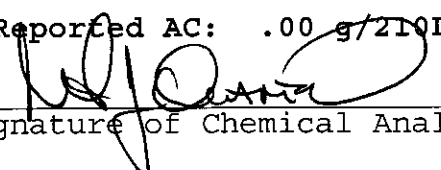
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723402
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.08	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 90
Test Date: 09/17/2008 Test Time: 11:57am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

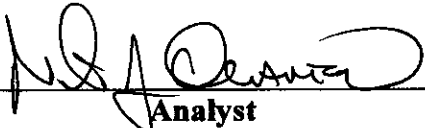
Printer Tests

Test	Status	Time
PRNT	Pass	11:59am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

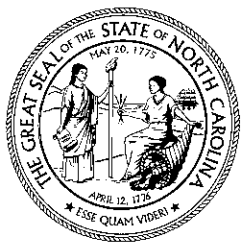
County FRANKLIN Instrument Location FRANKLIN CO. JAIL

Instrument Serial No. SN 008942 285 T KEMP RD. LOUISBURG, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942
Test Date: 09/17/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

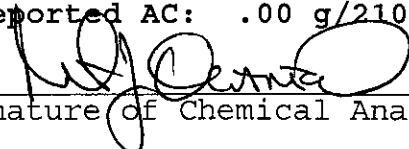
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

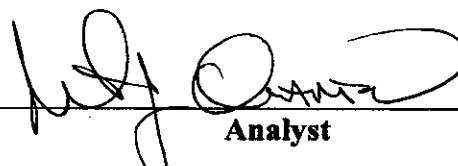
Lot Number: AG722601
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK	.00	11:43am
ACCY CHK	.07	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L



Signature of Chemical Analyst
Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 88
Test Date: 09/17/2008 Test Time: 11:56am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am


Printer Tests

Test	Status	Time
PRNT	Pass	11:57am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

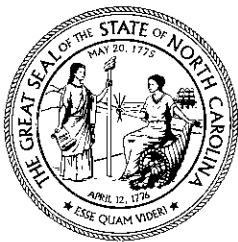
County FRANKLIN Instrument Location FRANKLINTON PD

Instrument Serial No. SN 008815 #7 W MASON ST, FRANKLINTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815
Test Date: 09/17/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

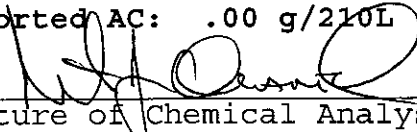
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723402
Exp Date: 08/21/2009

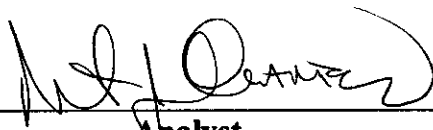
Test	g/210L	Time
DIAG	Pass	11:04am
AIR BLK	.00	11:05am
ACCY CHK	.07	11:06am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 100
Test Date: 09/17/2008 Test Time: 11:11am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:12am

Temperature Tests

Test	Status	Time
FC1	Pass	11:12am
SRC	Pass	11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

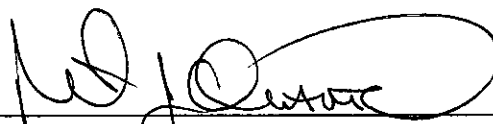
Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

CRC Tests

Test	Status	Time
COMP	Pass	11:13am
CAL	Pass	11:13am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

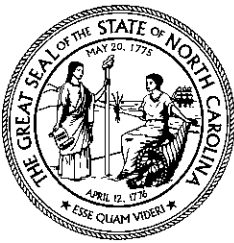
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County MONTGOMERY Instrument Location MONTGOMERY CO.
Instrument Serial No. 008721 COURTHOUSE, TROY NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 04 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721
Test Date: 09/04/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE


Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722702
Exp Date: 08/14/2009

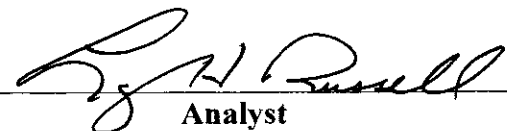
Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Record Number: 191
Test Date: 09/04/2008 Test Time: 2:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

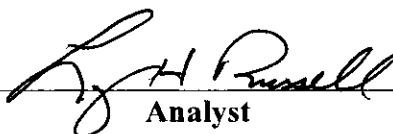
Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm

CRC Tests

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

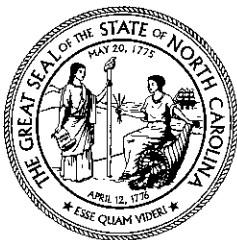
County MONTGOMERY Instrument Location MONTGOMERY CO. COURTHOUSE

Instrument Serial No. 008709 TROY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 04 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709
Test Date: 09/04/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

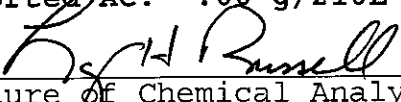
Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722702
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:34pm
ACCY CHK	.07	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Record Number: 134
Test Date: 09/04/2008 Test Time: 1:43pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

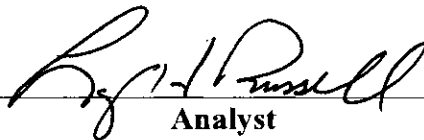
Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

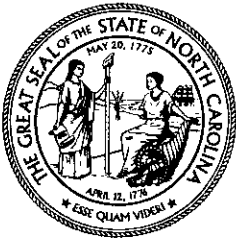
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008707 GREENSBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Burns
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707
Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722501

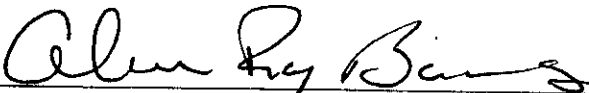
Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	7:15pm
AIR BLK	.00	7:16pm
ACCY CHK	.07	7:16pm
AIR BLK	.00	7:17pm
SUB TEST	.00	7:18pm
AIR BLK	.00	7:18pm
SUB TEST	.00	7:20pm
AIR BLK	.00	7:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 175
Test Date: 09/12/2008 Test Time: 7:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:22pm
FLO	Pass	7:22pm
FC	Pass	7:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:22pm
SRC	Pass	7:22pm
DET	Pass	7:22pm
BAR	Pass	7:22pm
BT	Pass	7:22pm

Blank Tests

Test	Status	Time
AIR	Pass	7:23pm

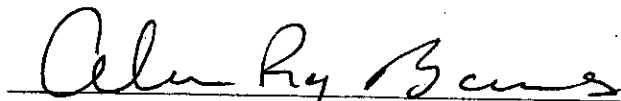
Printer Tests

Test	Status	Time
PRNT	Pass	7:23pm

CRC Tests

Test	Status	Time
COMP	Pass	7:23pm
CAL	Pass	7:23pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

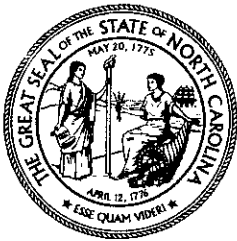
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 GREENSBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616
Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601

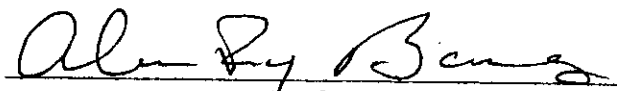
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	7:59pm
AIR BLK	.00	8:00pm
ACCY CHK	.07	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 316
Test Date: 09/12/2008 Test Time: 8:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
BT	Pass	8:07pm

Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

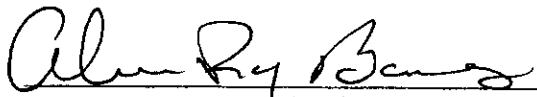
Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm

CRC Tests

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

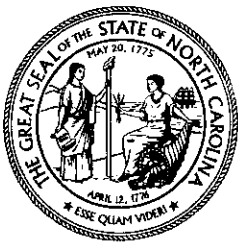
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 GREENSBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Burns
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647
Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

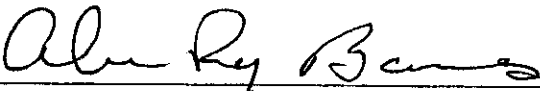
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	7:46pm
AIR BLK	.00	7:47pm
ACCY CHK	.07	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 342
Test Date: 09/12/2008 Test Time: 7:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:57pm
FLO	Pass	7:57pm
FC	Pass	7:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
BT	Pass	7:57pm

Blank Tests

Test	Status	Time
AIR	Pass	7:58pm

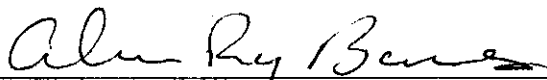
Printer Tests

Test	Status	Time
PRNT	Pass	7:58pm

CRC Tests

Test	Status	Time
COMP	Pass	7:58pm
CAL	Pass	7:58pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

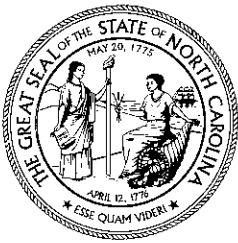
County Watauga Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008717

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

651
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008717 Test Record Number: 91
Test Date: 09/12/2008 Test Time: 8:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:21pm

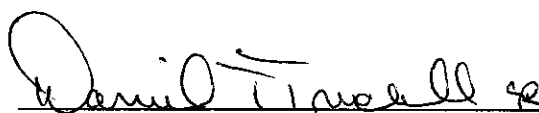
Printer Tests

Test	Status	Time
PRNT	Pass	8:21pm

CRC Tests

Test	Status	Time
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008717
Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

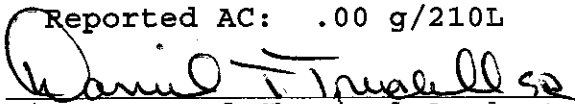
Test Type: Breath Test

Lot Number: AG723401

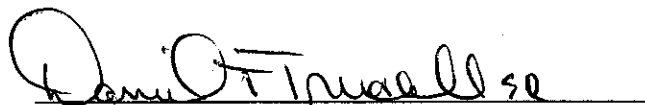
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.07	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

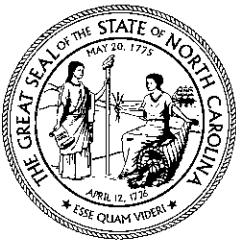
County Watauga Instrument Location BAF Mobile Unit 4

Instrument Serial No. 008734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donald T. Trivette SR
Signature of Certifying Official

651
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Record Number: 126
Test Date: 09/12/2008 Test Time: 8:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:18pm
FLO	Pass	8:18pm
FC	Pass	8:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

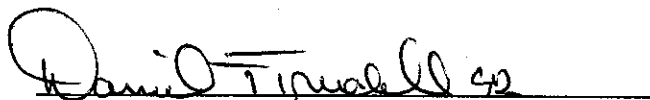
Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm

CRC Tests

Test	Status	Time
COMP	Pass	8:19pm
CAL	Pass	8:19pm

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734
Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

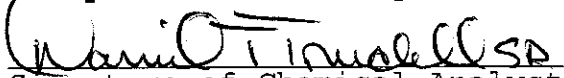
Test Type: Breath Test

Lot Number: AG722501


Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	8:09pm
AIR BLK	.00	8:10pm
ACCY CHK	.07	8:11pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

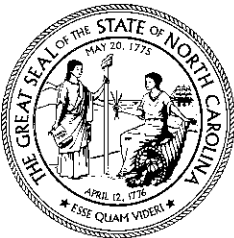
County Watauga Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donna T. [Signature] SE
Signature of Certifying Official

051
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Record Number: 130
Test Date: 09/13/2008 Test Time: 8:48pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:49pm
FLO	Pass	8:49pm
FC	Pass	8:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
BT	Pass	8:49pm

Blank Tests

Test	Status	Time
AIR	Pass	8:50pm


Printer Tests

Test	Status	Time
PRNT	Pass	8:50pm

CRC Tests

Test	Status	Time
COMP	Pass	8:50pm
CAL	Pass	8:50pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734

Test Date: 09/13/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

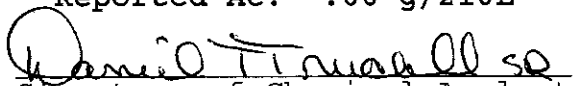
Test Type: Breath Test

Lot Number: AG722501

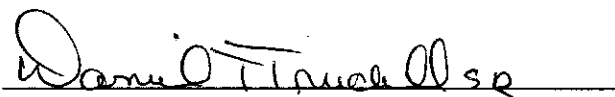
Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	8:40pm
AIR BLK	.00	8:41pm
ACCY CHK	.07	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

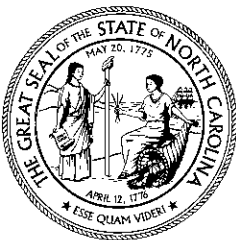
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008600 KENIGATT DALE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen G. Tilton
Signature of Certifying Official

636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 386
Test Date: 09/13/2008 Test Time: 9:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

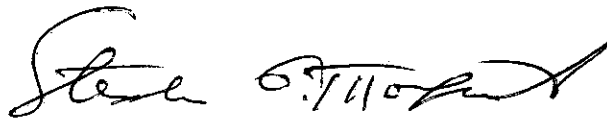
Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 09/13/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

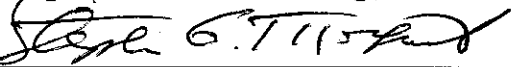
Analyst's Name: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

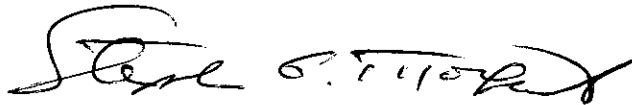
Lot Number: AG723401
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE

Instrument Location BAT MOBILE UNIT #5

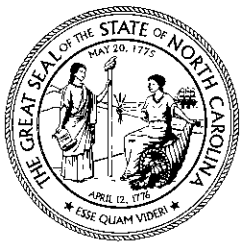
Instrument Serial No. 008698

KWIGHTDALE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13TH day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. H. [Signature]
Signature of Certifying Official

636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 225
Test Date: 09/13/2008 Test Time: 10:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

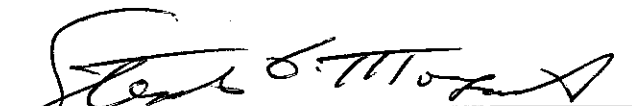
Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm

CRC Tests

Test	Status	Time
COMP	Pass	10:32pm
CAL	Pass	10:32pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test .

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 09/13/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Morgart, Stephen G

Permit Number: 09372E

Effective:

10/01/2007-10/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

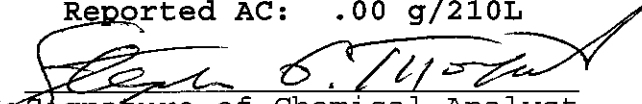
Test Type: Breath Test

Lot Number: AG723401

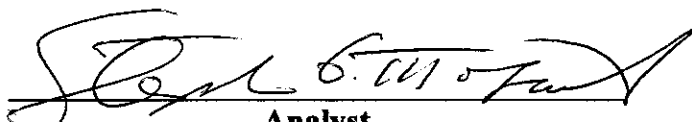
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.07	10:25pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE

Instrument Location BAT MOBILE Lab. #5

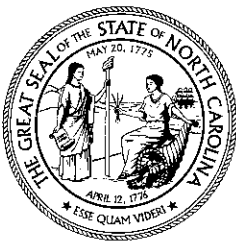
Instrument Serial No. 005786

KNIGHT DALE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Thomas
Signature of Certifying Official

636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 109
Test Date: 09/13/2008 Test Time: 10:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
BT	Pass	10:36pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

CRC Tests

Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 09/13/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

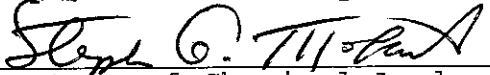
Analyst's Name: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

Officer's Name: NONE, NONE N
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

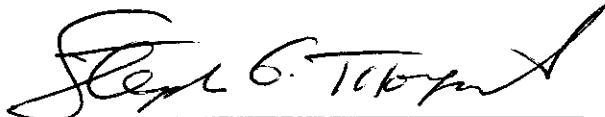
Lot Number: AG722802
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	10:26pm
AIR BLK	.00	10:27pm
ACCY CHK	.07	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

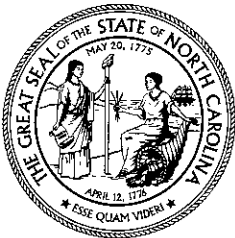
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location SURRY Co. JAIL
Instrument Serial No. 008934 Dobson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. J. Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934
Test Date: 09/09/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

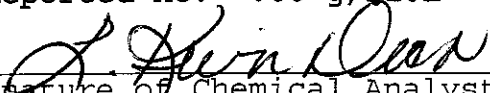
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722802-15
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 135
Test Date: 09/09/2008 Test Time: 1:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

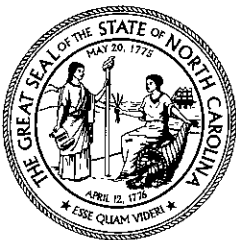
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location EIKIN PD
Instrument Serial No. 008926 EIKIN, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

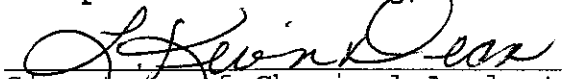
Test Type: Breath Test

Lot Number: AG723401-20

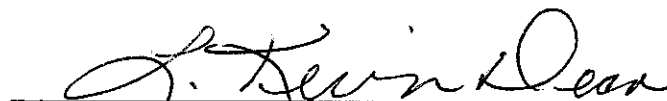
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 95
Test Date: 09/09/2008 Test Time: 12:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

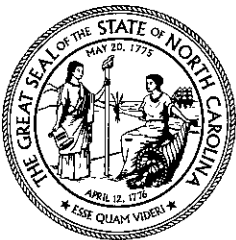
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location Mount Airy PD
Instrument Serial No. 008943 Mount Airy, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 09/09/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

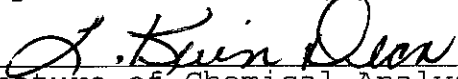
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722802-02
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 175
Test Date: 09/09/2008 Test Time: 2:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

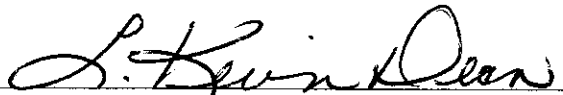
Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

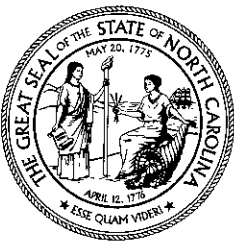
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location PILOT MOUNTAIN PD
Instrument Serial No. 008938 PILOT MOUNTAIN, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9TH day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

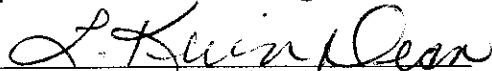
Test Type: Breath Test

Lot Number: AG723401-21

Exp Date: 08/21/2009

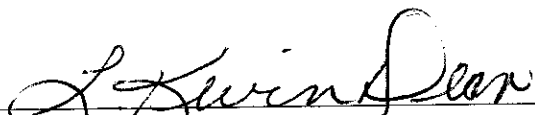
Test	g/210L	Time
DIAG	Pass	4:03pm
AIR BLK	.00	4:04pm
ACCY CHK	.07	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 66
Test Date: 09/09/2008 Test Time: 4:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm

Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

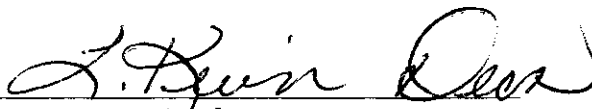
Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

CRC Tests

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

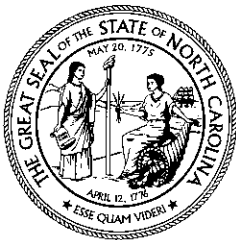
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alexander Instrument Location Alexander County SD
Instrument Serial No. 008813 29 W. Main Avenue, Taylorsville
828-632-4658

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SD
010

Serial Number: 008813
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

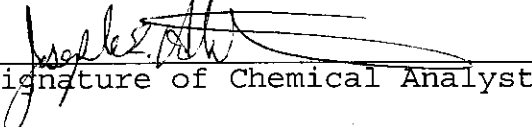
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

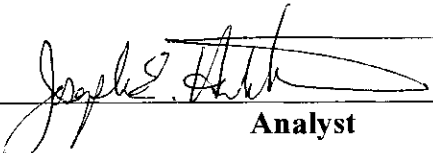
Lot Number: AG722702
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 129
Test Date: 09/23/2008 Test Time: 9:53am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

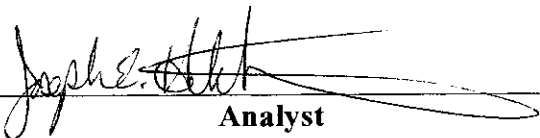
Printer Tests

Test	Status	Time
PRNT	Pass	9:54am

CRC Tests

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

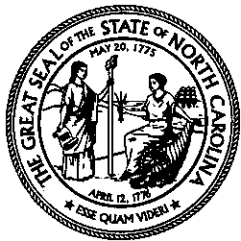
County Iredell Instrument Location Mooreville PD

Instrument Serial No. 008685 750 W. Iredell Ave, Mooreville
704-664-3311

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

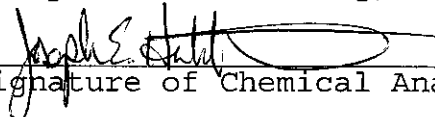
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723302
Exp Date: 08/20/2009

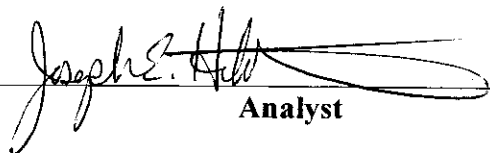
Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 307
Test Date: 09/23/2008 Test Time: 11:47am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

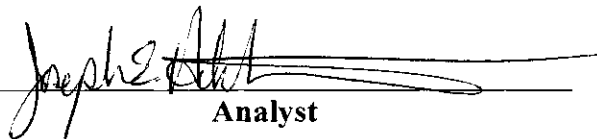
Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

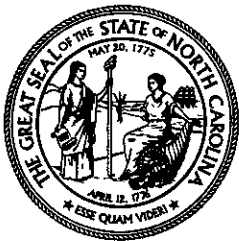
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SD
Instrument Serial No. 008684 425 N. Marietta Street, Gastonia
704-869-6800

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684
Test Date: 09/15/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

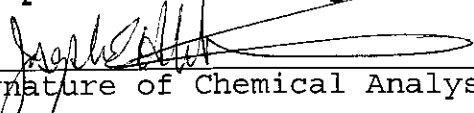
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722503
Exp Date: 08/12/2009

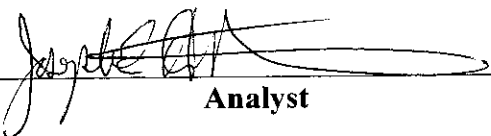
Test	g/210L	Time
DIAG	Pass	4:49pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 538
Test Date: 09/15/2008 Test Time: 4:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm

CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
CAL	Pass	4:57pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

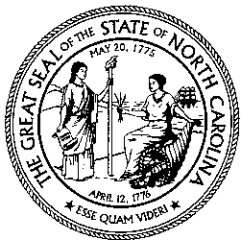
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Matthews
Instrument Serial No. 008699 1201 Crews Road, Matthews
704-847-4069

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph Stutchman
Signature of Certifying Official

654
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MATTHEWS PD

Serial Number: 008699
Test Date: 09/10/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

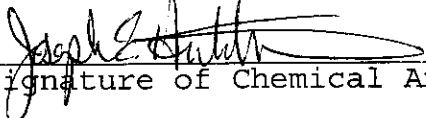
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722802
Exp Date: 08/15/2009

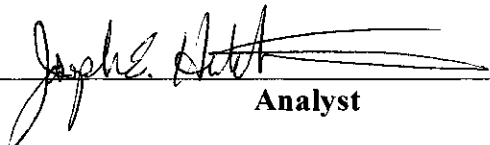
Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MATTHEWS PD

Serial Number: 008699 Test Record Number: 375
Test Date: 09/10/2008 Test Time: 10:21am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

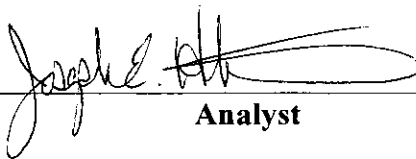
Printer Tests

Test	Status	Time
PRNT	Pass	10:22am

CRC Tests

Test	Status	Time
COMP	Pass	10:22am
CAL	Pass	10:22am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

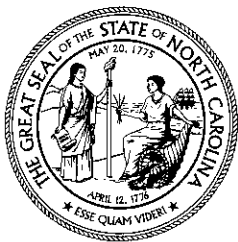
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Cornelius PD
Instrument Serial No. 008692 21440 Catawba Ave, Cornelius
704-892-1363

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph Stuck
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692
Test Date: 09/10/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

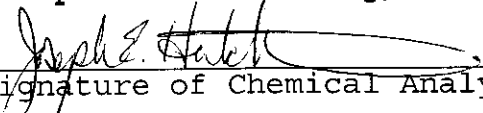
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722501
Exp Date: 08/12/2009

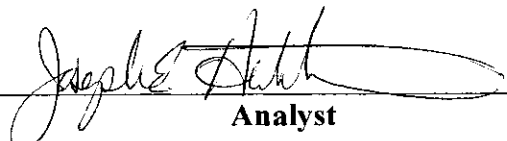
Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 235
Test Date: 09/10/2008 Test Time: 12:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

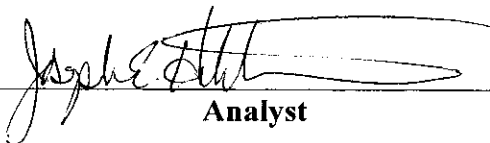
Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:52pm
CAL	Pass	12:52pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

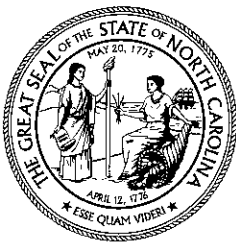
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008665 801 East 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph S. Smith
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008665
Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

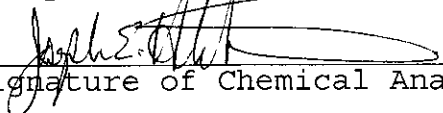
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

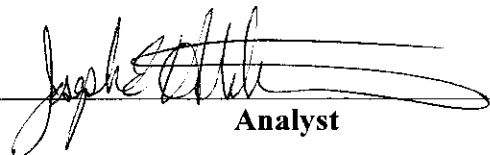
Test	g/210L	Time
DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Record Number: 366
Test Date: 09/09/2008 Test Time: 2:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

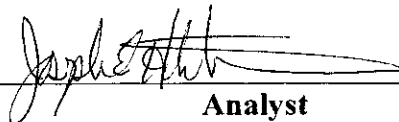
Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

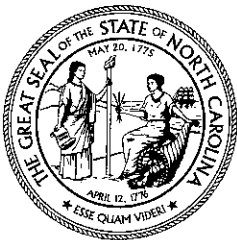
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008690 801 E. 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008690

Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722801

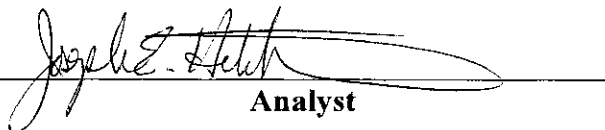
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 693
Test Date: 09/09/2008 Test Time: 2:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

CRC Tests

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

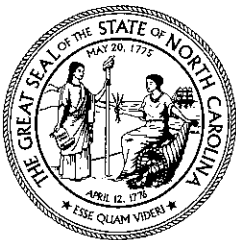
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008691 801 East 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD 590

Serial Number: 008691
Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

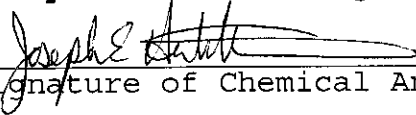
Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

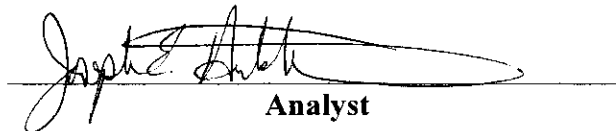
Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Record Number: 666
Test Date: 09/09/2008 Test Time: 2:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

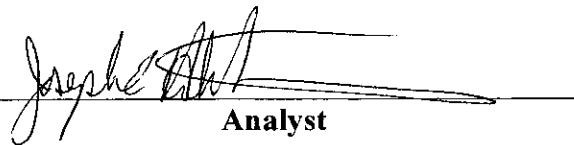
Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

CRC Tests

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

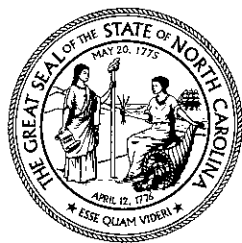
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008703 801 E. 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD 590

Serial Number: 008703
Test Date: 09/09/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

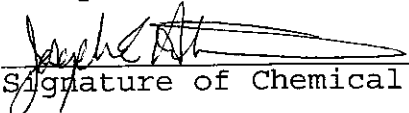
Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

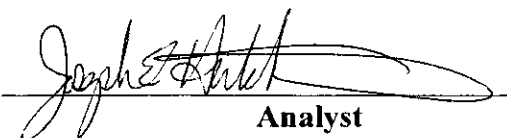
Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 722
Test Date: 09/09/2008 Test Time: 2:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

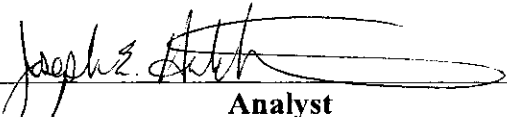
Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

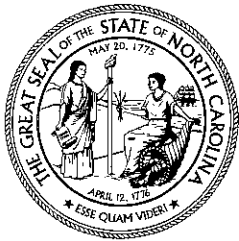
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location SELMA
Instrument Serial No. 008595 POLICE DEPT.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON SELMA PD 500

Serial Number: 008595
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Record Number: 270
Test Date: 09/30/2008 Test Time: 12:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HARNETT Instrument Location DUNN POLICE

Instrument Serial No. 008644 Dept. DUNN, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

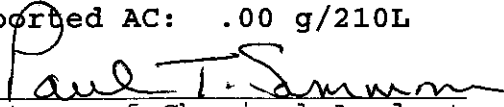
Test Type: Breath Test

Lot Number: AG723301

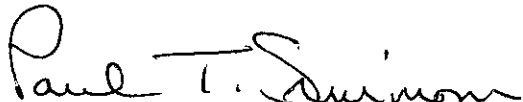
Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 573
Test Date: 09/30/2008 Test Time: 10:33am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

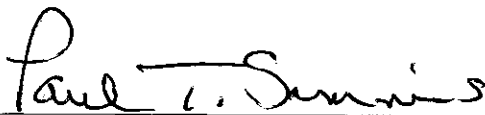
Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

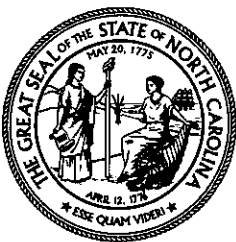
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location CLAYTON
Instrument Serial No. 008658 Police Dept, Clayton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON CLAYTON PD. 500

Serial Number: 008658
Test Date: 09/30/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 214
Test Date: 09/30/2008 Test Time: 2:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

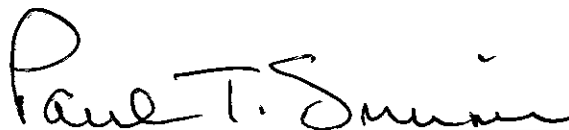
Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm

CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

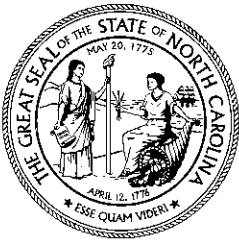
County MARTIN Instrument Location MARTIN Co. S.O.

Instrument Serial No. 008913 305 E. MAIN ST., WILLIAMSTON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jessie A. Keel
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

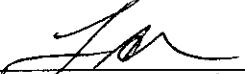
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG809301
Exp Date: 04/02/2010

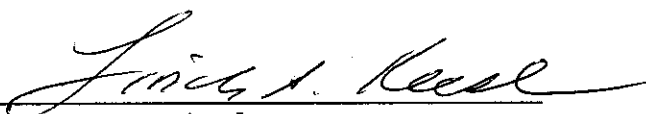
Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 94
Test Date: 09/29/2008 Test Time: 12:43pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

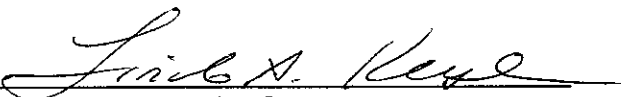
Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm

CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

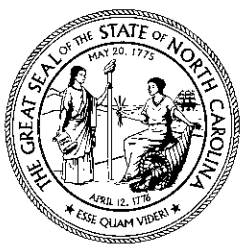
County MARTIN Instrument Location MARTIN CO. S.D.

Instrument Serial No. 008879 305 E. MAIN ST., WILKINSON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph A. Kessel
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

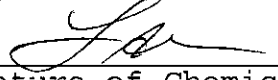
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG809301
Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 65
Test Date: 09/29/2008 Test Time: 12:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

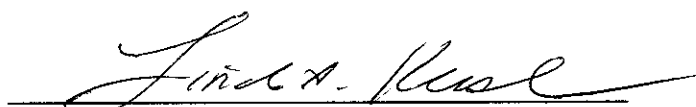
Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

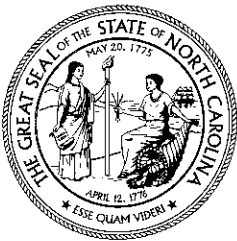
County BERTIE Instrument Location BERTIE CO. S.O

Instrument Serial No. 008897 104 DUNDEE ST., WINDSOR, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



John A. Keel
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

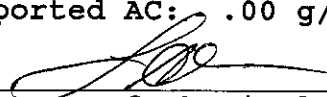
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807702
Exp Date: 03/17/2010

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 90
Test Date: 09/29/2008 Test Time: 1:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

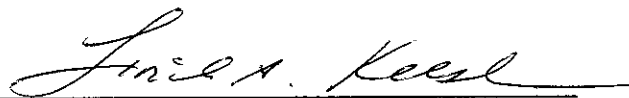
Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

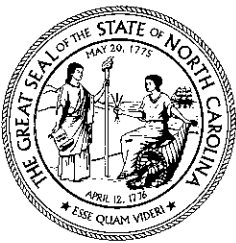
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HERTFORD Instrument Location AMOSKIE POLICE DEPT.
Instrument Serial No. 008848 301 N. MAIN ST., AMOSKIE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Janessa Keed
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848
Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

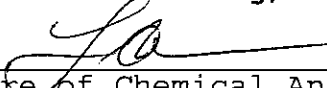
Test Type: Breath Test

Lot Number: AG809301

Exp Date: 04/02/2010

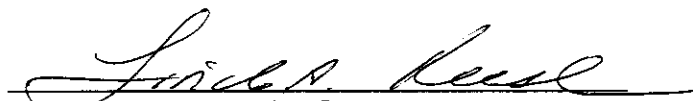
Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 111
Test Date: 09/29/2008 Test Time: 2:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

CRC Tests

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

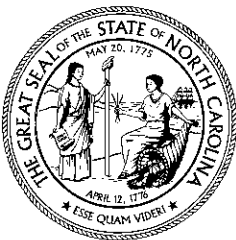
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008600 KENIGATT DALE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen G. Tilton
Signature of Certifying Official

636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 386
Test Date: 09/13/2008 Test Time: 9:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

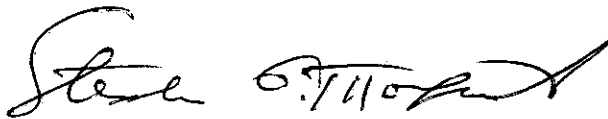
Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 09/13/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

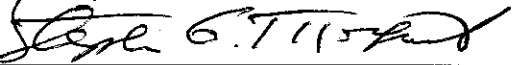
Analyst's Name: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

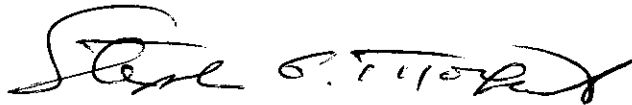
Lot Number: AG723401
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE

Instrument Location BAT MOBILE UNIT #5

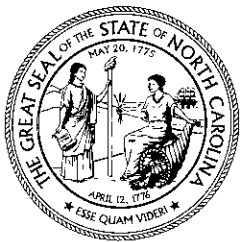
Instrument Serial No. 008698

KWIGHTDALE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13TH day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. H. [Signature]
Signature of Certifying Official

636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 225
Test Date: 09/13/2008 Test Time: 10:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

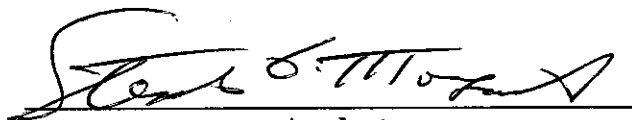
Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm

CRC Tests

Test	Status	Time
COMP	Pass	10:32pm
CAL	Pass	10:32pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test .

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 09/13/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Morgart, Stephen G

Permit Number: 09372E

Effective:

10/01/2007-10/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

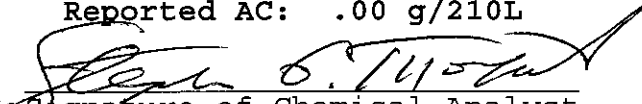
Test Type: Breath Test

Lot Number: AG723401

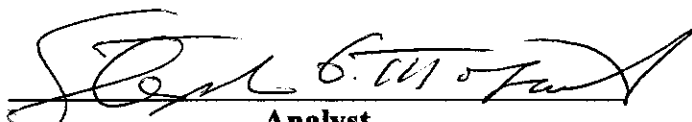
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.07	10:25pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE

Instrument Location BAT MOBILE Lab. #5

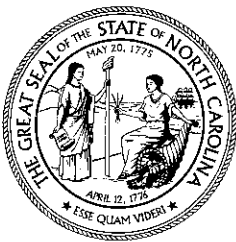
Instrument Serial No. 005786

KNIGHT DALE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Thomas
Signature of Certifying Official

636
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 109
Test Date: 09/13/2008 Test Time: 10:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
BT	Pass	10:36pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

CRC Tests

Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 09/13/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

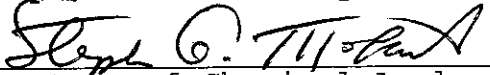
Analyst's Name: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

Officer's Name: NONE, NONE N
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

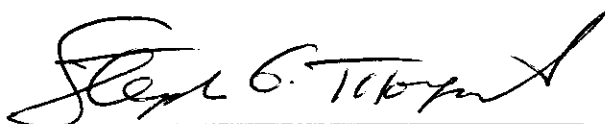
Lot Number: AG722802
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	10:26pm
AIR BLK	.00	10:27pm
ACCY CHK	.07	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

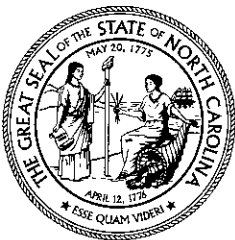
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location SURRY Co. JAIL
Instrument Serial No. 008934 Dobson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. J. Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934
Test Date: 09/09/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

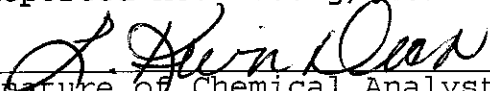
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722802-15
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 135
Test Date: 09/09/2008 Test Time: 1:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

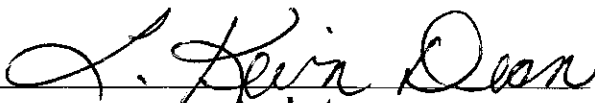
Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

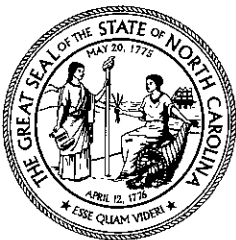
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location EIKIN PD
Instrument Serial No. 008926 EIKIN, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

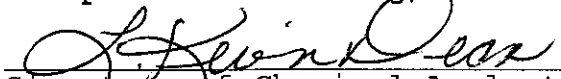
Test Type: Breath Test

Lot Number: AG723401-20

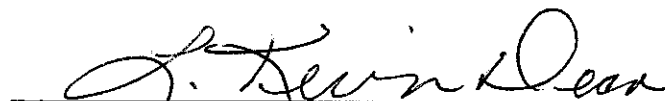
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 95
Test Date: 09/09/2008 Test Time: 12:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

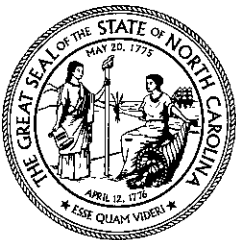
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location Mount Airy PD
Instrument Serial No. 008943 Mount Airy, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 09/09/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

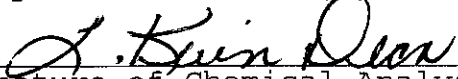
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722802-02
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 175
Test Date: 09/09/2008 Test Time: 2:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

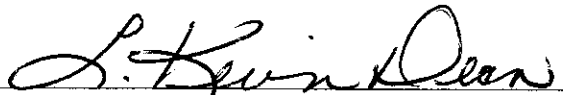
Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

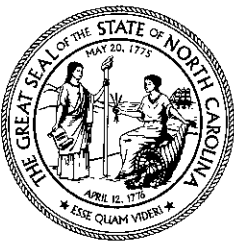
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location PILOT MOUNTAIN PD
Instrument Serial No. 008938 PILOT MOUNTAIN, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9TH day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

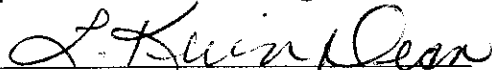
Test Type: Breath Test

Lot Number: AG723401-21

Exp Date: 08/21/2009

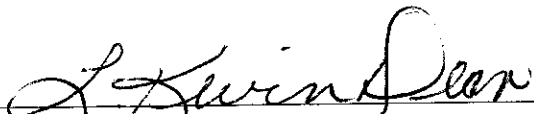
Test	g/210L	Time
DIAG	Pass	4:03pm
AIR BLK	.00	4:04pm
ACCY CHK	.07	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 66
Test Date: 09/09/2008 Test Time: 4:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm

Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

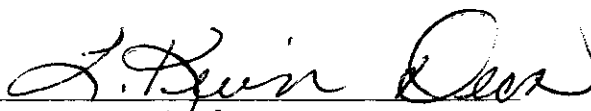
Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

CRC Tests

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

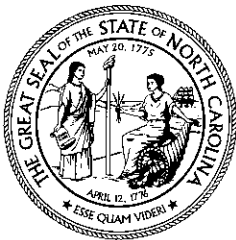
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alexander Instrument Location Alexander County SD
Instrument Serial No. 008813 29 W. Main Avenue, Taylorsville
828-632-4658

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SD
010

Serial Number: 008813
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

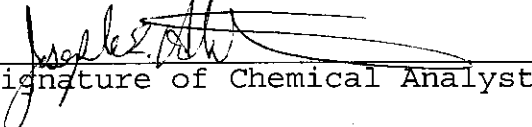
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722702
Exp Date: 08/14/2009

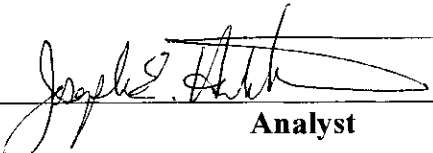
Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 129
Test Date: 09/23/2008 Test Time: 9:53am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

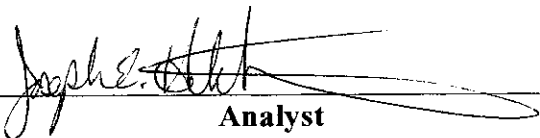
Printer Tests

Test	Status	Time
PRNT	Pass	9:54am

CRC Tests

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

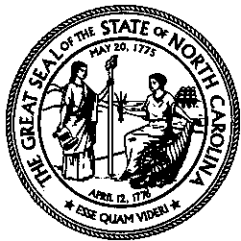
County Iredell Instrument Location Mooreville PD

Instrument Serial No. 008685 750 W. Iredell Ave, Mooreville
704-664-3311

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

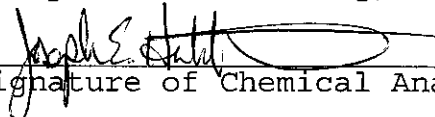
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723302
Exp Date: 08/20/2009

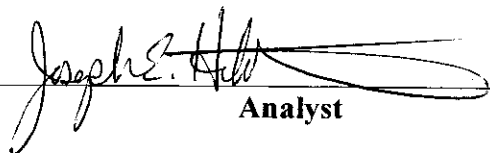
Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 307
Test Date: 09/23/2008 Test Time: 11:47am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

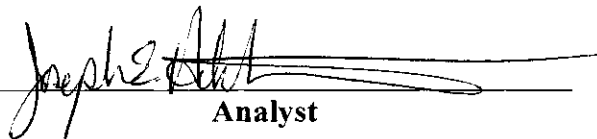
Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

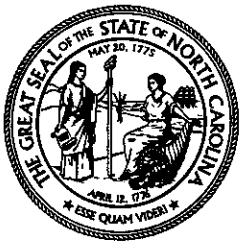
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SD
Instrument Serial No. 008684 425 N. Marietta Street, Gastonia
704-869-6800

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684
Test Date: 09/15/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

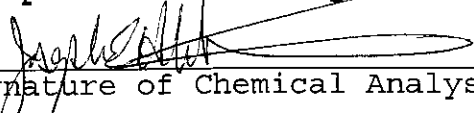
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722503
Exp Date: 08/12/2009

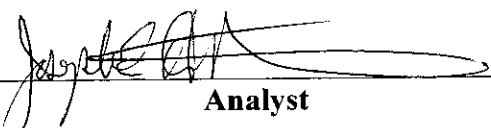
Test	g/210L	Time
DIAG	Pass	4:49pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 538
Test Date: 09/15/2008 Test Time: 4:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm

CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
CAL	Pass	4:57pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

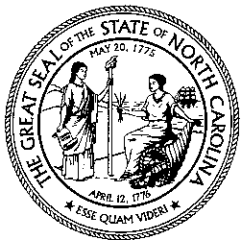
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Matthews
Instrument Serial No. 008699 1201 Crews Road, Matthews
704-847-4069

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph Stutchman
Signature of Certifying Official

654
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MATTHEWS PD

Serial Number: 008699
Test Date: 09/10/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: *HUTCHINSON, JOSEPH E*

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

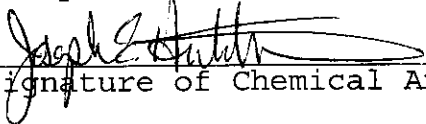
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

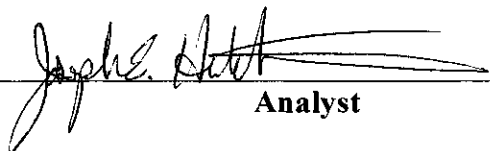
Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MATTHEWS PD

Serial Number: 008699 Test Record Number: 375
Test Date: 09/10/2008 Test Time: 10:21am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Test	Status	Time
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

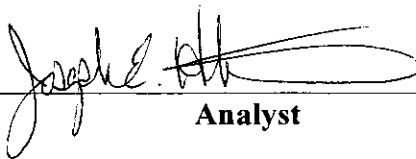
Printer Tests

Test	Status	Time
PRNT	Pass	10:22am

CRC Tests

Test	Status	Time
COMP	Pass	10:22am
CAL	Pass	10:22am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

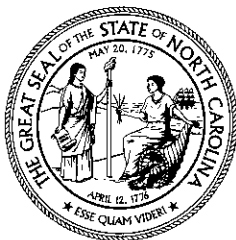
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Cornelius PD
Instrument Serial No. 008692 21440 Catawba Ave, Cornelius
704-892-1363

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph Stubb
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692
Test Date: 09/10/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

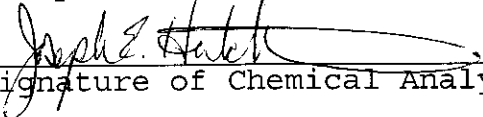
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

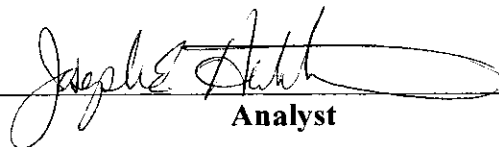
Lot Number: AG722501
Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 235
Test Date: 09/10/2008 Test Time: 12:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

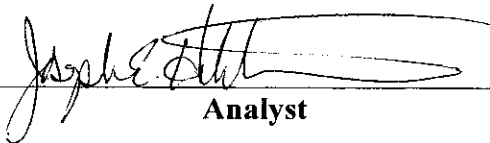
Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:52pm
CAL	Pass	12:52pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

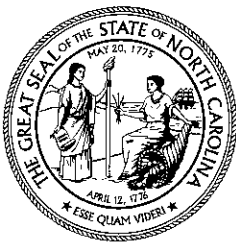
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008665 801 East 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph Stutz
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008665
Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

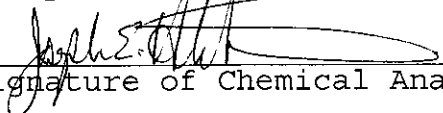
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

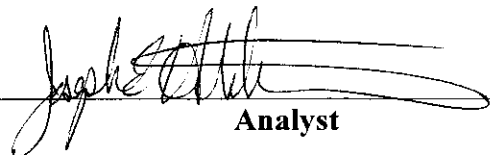
Test	g/210L	Time
DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Record Number: 366
Test Date: 09/09/2008 Test Time: 2:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

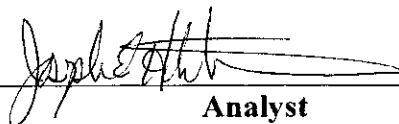
Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

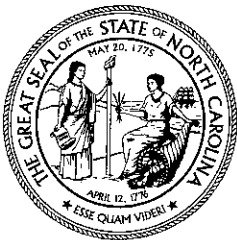
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008690 801 E. 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008690

Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

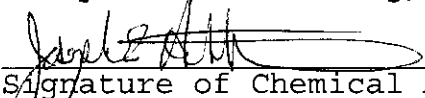
Test Type: Breath Test

Lot Number: AG722801

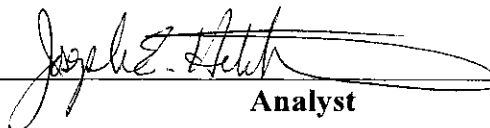
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 693
Test Date: 09/09/2008 Test Time: 2:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

CRC Tests

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

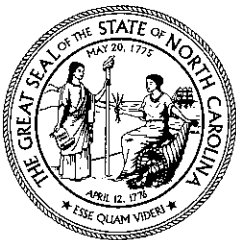
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008691 801 East 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD 590

Serial Number: 008691
Test Date: 09/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

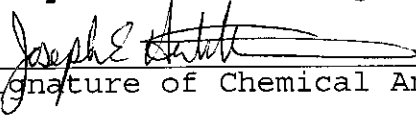
Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

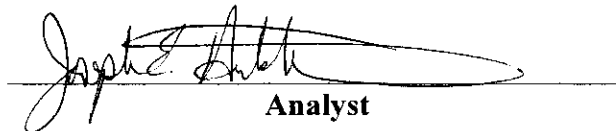
Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Record Number: 666
Test Date: 09/09/2008 Test Time: 2:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

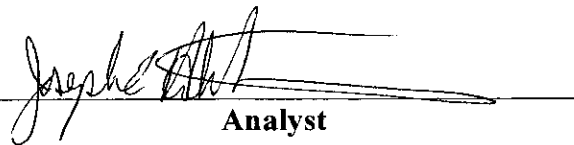
Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

CRC Tests

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

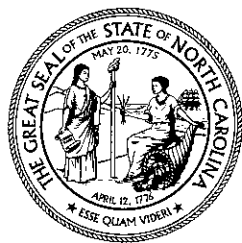
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008703 801 E. 4th Street, Charlotte
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD 590

Serial Number: 008703
Test Date: 09/09/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

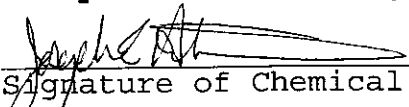
Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

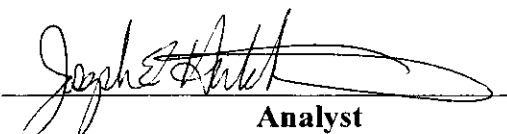
Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 722
Test Date: 09/09/2008 Test Time: 2:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

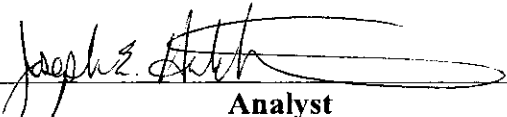
Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

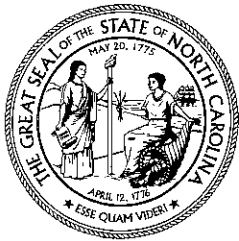
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location SELMA
Instrument Serial No. 008595 POLICE DEPT.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON SELMA PD 500

Serial Number: 008595
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Record Number: 270
Test Date: 09/30/2008 Test Time: 12:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County HARNETT Instrument Location DUNN POLICE

Instrument Serial No. 008644 Dept. DUNN, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

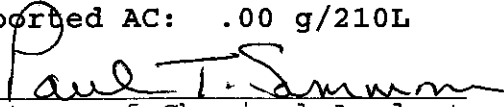
Test Type: Breath Test

Lot Number: AG723301

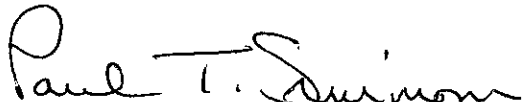
Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 573
Test Date: 09/30/2008 Test Time: 10:33am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

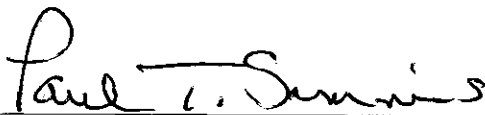
Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

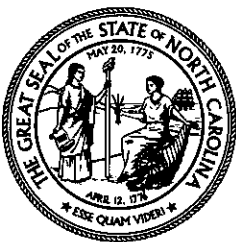
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location CLAYTON
Instrument Serial No. 008658 Police Dept, Clayton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON CLAYTON PD. 500

Serial Number: 008658
Test Date: 09/30/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

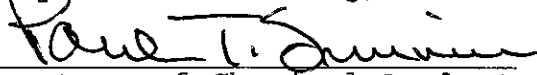
Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 214
Test Date: 09/30/2008 Test Time: 2:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

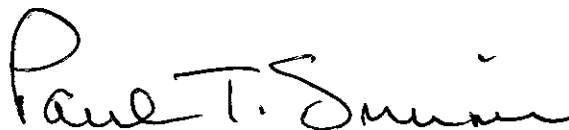
Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm

CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

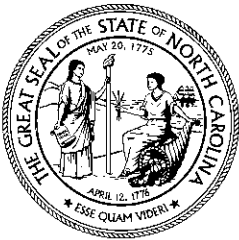
County MARTIN Instrument Location MARTIN Co. S.O.

Instrument Serial No. 008913 305 E. MAIN ST., WILLIAMSTON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jessie A. Keel
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

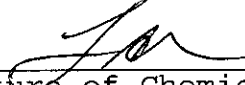
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG809301
Exp Date: 04/02/2010

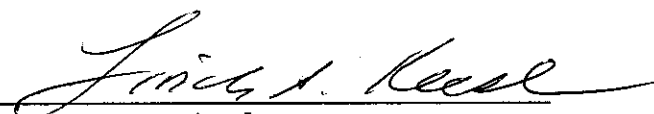
Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 94
Test Date: 09/29/2008 Test Time: 12:43pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

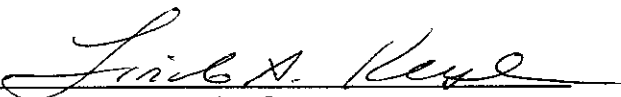
Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm

CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

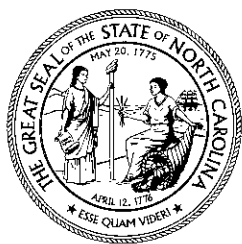
County MARTIN Instrument Location MARTIN CO. S.D.

Instrument Serial No. 008879 305 E. MAIN ST., WILKINSON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph A. Kessel
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

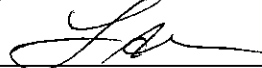
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG809301
Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 65
Test Date: 09/29/2008 Test Time: 12:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

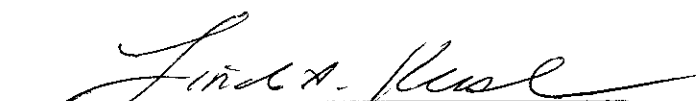
Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

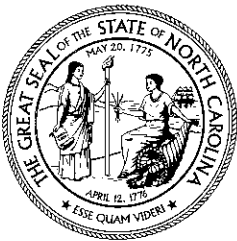
County BERTIE Instrument Location BERTIE CO. S.O

Instrument Serial No. 008897 104 DUNDEE ST., WINDSOR, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



John A. Keel
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

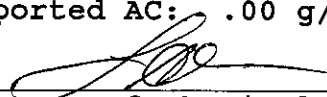
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807702
Exp Date: 03/17/2010

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 90
Test Date: 09/29/2008 Test Time: 1:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

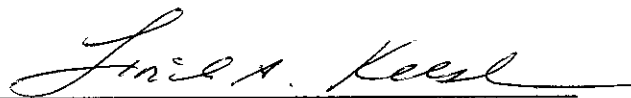
Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

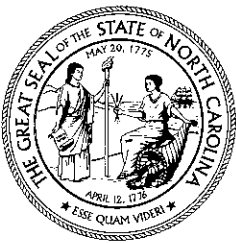
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HERTFORD Instrument Location AMOSKIE POLICE DEPT.
Instrument Serial No. 008848 301 N. MAIN ST., AMOSKIE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848
Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

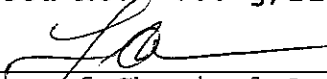
Test Type: Breath Test

Lot Number: AG809301

Exp Date: 04/02/2010

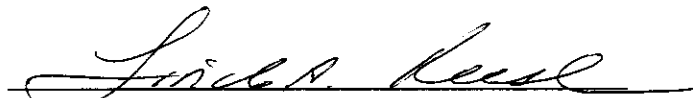
Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 111
Test Date: 09/29/2008 Test Time: 2:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

CRC Tests

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

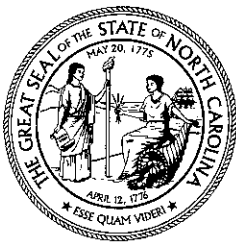
County Carteret Instrument Location Carteret County

Instrument Serial No. 008605 Sheriff's Office

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605
Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

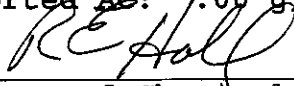
Test Type: Breath Test

Lot Number: AG816303

Exp Date: 06/11/2010


Test	g/210L	Time
DIAG	Pass	12:51pm
AIR BLK	.00	12:52pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 760
Test Date: 09/29/2008 Test Time: 12:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	12:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm

CRC Tests

Test	Status	Time
COMP	Pass	1:00pm
CAL	Pass	1:00pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

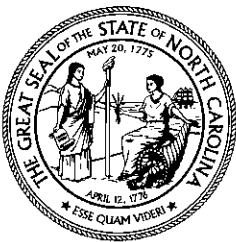
County Carteret Instrument Location Morehead City P.D.

Instrument Serial No. 008731

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

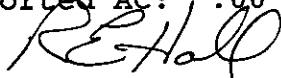
Test Type: Breath Test

Lot Number: AG722503

Exp Date: 08/12/2009

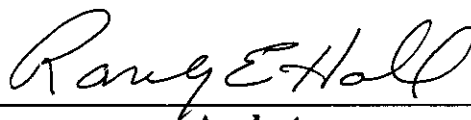
Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 262
Test Date: 09/29/2008 Test Time: 1:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

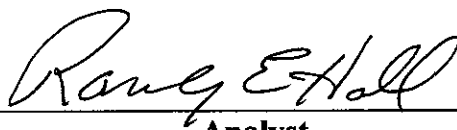
Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm

CRC Tests

Test	Status	Time
COMP	Pass	1:41pm
CAL	Pass	1:41pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

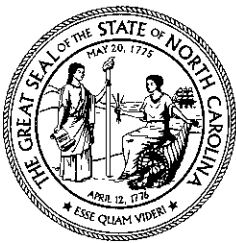
County Carteret Instrument Location Atlantic Beach P.D.

Instrument Serial No. 008785

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Rory E. Hall

Signature of Certifying Official

354

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722503

Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.07	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 117
Test Date: 09/29/2008 Test Time: 2:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

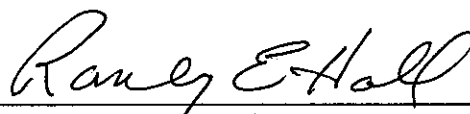
Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm

CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

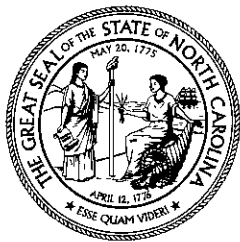
County Carteret Instrument Location Emerald Isle P.D.

Instrument Serial No. 008620

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall

Signature of Certifying Official

354

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722701
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.08	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

R E Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall

Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 615
Test Date: 09/29/2008 Test Time: 3:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

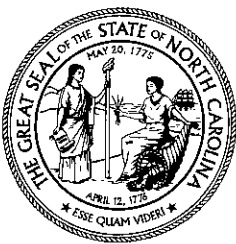
County Onslow Instrument Location Camp Lejeune PMO

Instrument Serial No. 008920

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722802
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	9:26am
AIR BLK	.00	9:26am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

R E Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall

Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 97
Test Date: 09/30/2008 Test Time: 9:32am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:32am
FLO	Pass	9:32am
FC	Pass	9:33am

Temperature Tests

Test	Status	Time
FC1	Pass	9:33am
SRC	Pass	9:33am
DET	Pass	9:33am
BAR	Pass	9:33am
BT	Pass	9:33am

Blank Tests

Test	Status	Time
AIR	Pass	9:33am

Printer Tests

Test	Status	Time
PRNT	Pass	9:33am

CRC Tests

Test	Status	Time
COMP	Pass	9:33am
CAL	Pass	9:33am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

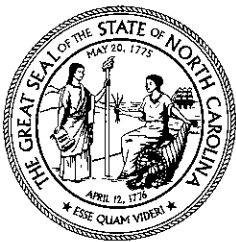
County ONSLOW Instrument Location ONSLOW COUNTY

Instrument Serial No. 008932 SHERIFF'S OFFICE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710801
Exp Date: 04/17/2009

Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

RE Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall

Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLow COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 131
Test Date: 09/30/2008 Test Time: 10:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am


Printer Tests

Test	Status	Time
PRNT	Pass	10:38am

CRC Tests

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

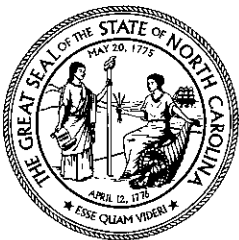
County Onslow Instrument Location Onslow County

Instrument Serial No. 008931 SHERIFF'S OFFICE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722602
Exp Date: 08/13/2009

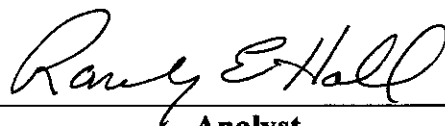
Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.08	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONLOW COUNTY ONLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 263
Test Date: 09/30/2008 Test Time: 11:00am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

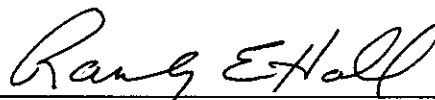
Printer Tests

Test	Status	Time
PRNT	Pass	11:01am

CRC Tests

Test	Status	Time
COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Owslow

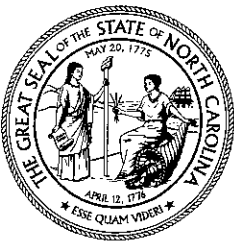
Instrument Location JACKSONVILLE P.D.

Instrument Serial No. 008930

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONslow COUNTY JACKSONVILLE PD 660

Serial Number: 008930
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE


Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723302
Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 187
Test Date: 09/30/2008 Test Time: 11:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am

CRC Tests

Test	Status	Time
COMP	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

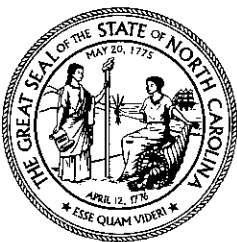
County Onslow Instrument Location MCAS New River

Instrument Serial No. 008922

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E Hall
Signature of Certifying Official

354
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008922
Test Date: 09/30/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722601
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

R E Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall

Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 49
Test Date: 09/30/2008 Test Time: 12:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

CRC Tests

Test	Status	Time
COMP	Pass	12:41pm
CAL	Pass	12:41pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

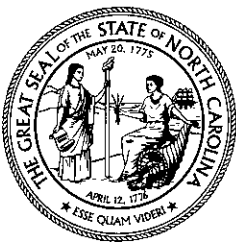
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location Pitt Co. Detention Center
Instrument Serial No. 008847 124 Detention Dr., Greenville, W.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly D. P.
Signature of Certifying Official

643
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008847

Test Date: 09/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

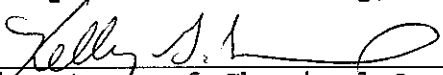
Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008847 Test Record Number: 47
Test Date: 09/25/2008 Test Time: 3:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

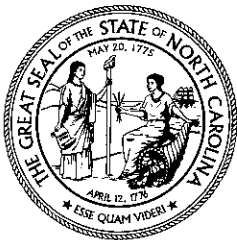
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lenoir Instrument Location Lenoir Co. S.O.
Instrument Serial No. 008639 130 Queen St, Kinston, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

1643
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639
Test Date: 09/26/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

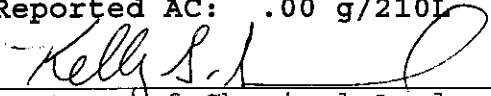
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722602
Exp Date: 08/13/2009


Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 384
Test Date: 09/26/2008 Test Time: 10:42am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

CRC Tests

Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

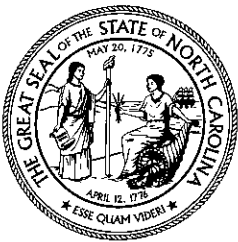
County Lenoir Instrument Location Kinston P.D.

Instrument Serial No. 008624 205 E. King St., Kinston, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

643
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

- Intox EC/IR-II: Subject Test

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624
Test Date: 09/26/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722602
Exp Date: 08/13/2009

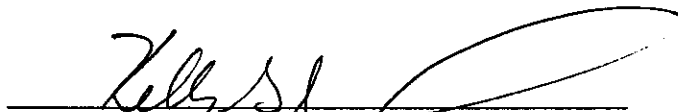
Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 331
Test Date: 09/26/2008 Test Time: 12:42pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

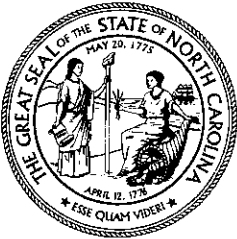
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Edgecombe Instrument Location BATMOBILE UNIT 3
Instrument Serial No. 008647 ROCKY MOUNT, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Burns
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008647

Test Date: 09/27/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

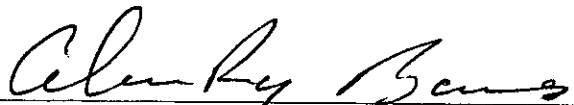
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008647 Test Record Number: 354
Test Date: 09/27/2008 Test Time: 10:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

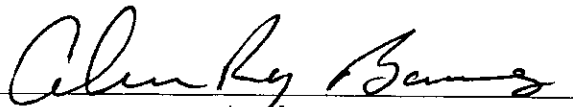
Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm

CRC Tests

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

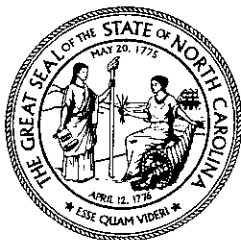
County Edgecombe Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 ROCKY MOUNT, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex R. Burns
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008707
Test Date: 09/27/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722501

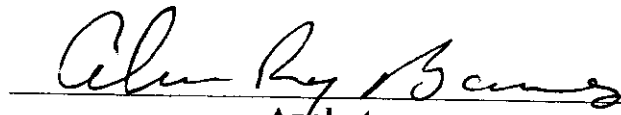
Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.07	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008707 Test Record Number: 181
Test Date: 09/27/2008 Test Time: 8:43pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

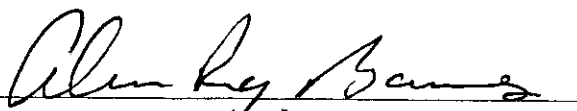
Printer Tests

Test	Status	Time
PRNT	Pass	8:44pm

CRC Tests

Test	Status	Time
COMP	Pass	8:44pm
CAL	Pass	8:44pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

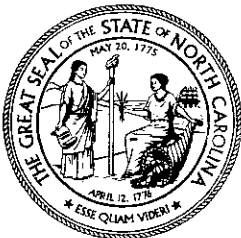
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Edgecombe Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 ROCKY MOUNT, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ry Bane
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008616
Test Date: 09/27/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601

Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	.07	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008616 Test Record Number: 325
Test Date: 09/27/2008 Test Time: 10:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

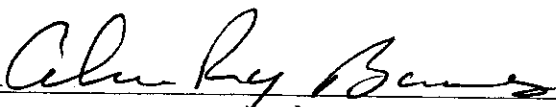
Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

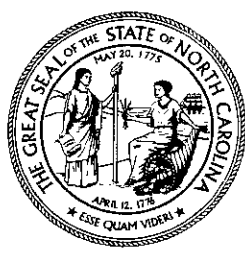
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location SHP BAT UNIT
Instrument Serial No. 008929 RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alen Ray Bams
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929

Test Date: 09/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG816303

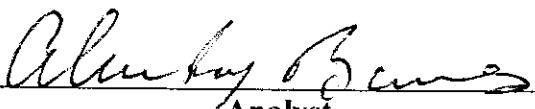
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Record Number: 55
Test Date: 09/25/2008 Test Time: 2:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm

CRC Tests

Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

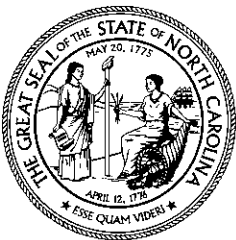
County STOKES Instrument Location King Police Dept.

Instrument Serial No. 008610 King, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

STOKES COUNTY KING PD 840

Serial Number: 008610
Test Date: 09/24/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

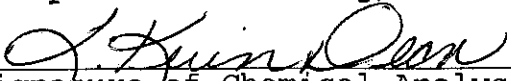
Analyst's Name: *DEAN, LARRY K*
Permit Number: *11598E*
Effective:
12/01/2007-12/01/2009

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG722801-19
Exp Date: 08/15/2009


Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 371
Test Date: 09/24/2008 Test Time: 11:50am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

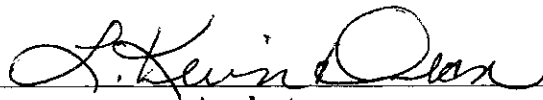
Printer Tests

Test	Status	Time
PRNT	Pass	11:51am

CRC Tests

Test	Status	Time
COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

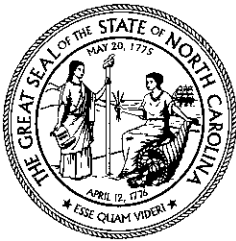
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth Co.
Instrument Serial No. 008828 Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008828
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

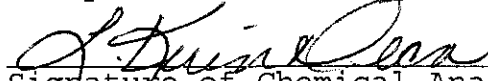
Analyst's Name: *DEAN, LARRY K*
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: *Breath Test*

Lot Number: AG723401
Exp Date: 08/21/2009

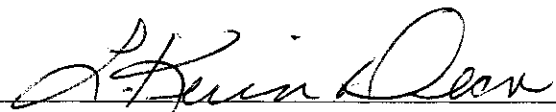
Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:42pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008828 Test Record Number: 60
Test Date: 09/29/2008 Test Time: 12:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

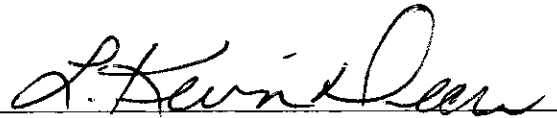
Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm

CRC Tests

Test	Status	Time
COMP	Pass	12:27pm
CAL	Pass	12:27pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

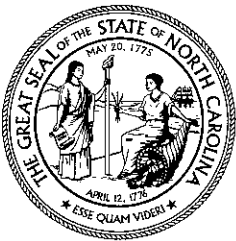
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth County
Instrument Serial No. 008660 Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION

330

Serial Number: 008660

Test Date: 09/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

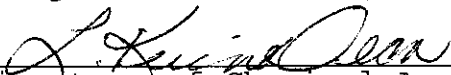
Test Type: Breath Test

Lot Number: AG722602

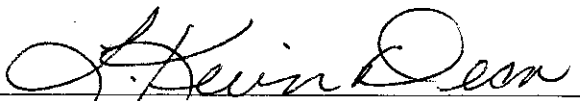
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 372
Test Date: 09/24/2008 Test Time: 2:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

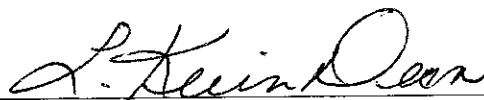
Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm

CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

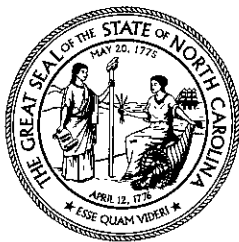
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth County
Instrument Serial No. 008659 Detection Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 09/24/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

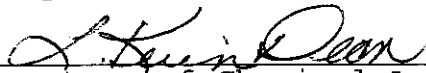
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG816303
Exp Date: 06/11/2010

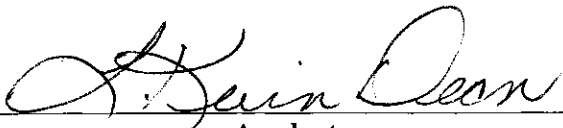
Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:45pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 447
Test Date: 09/24/2008 Test Time: 1:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm

CRC Tests

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

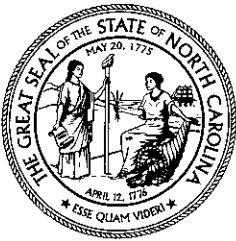
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth Co Detention
Instrument Serial No. 008583 Center, Winston-Salem, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008583
Test Date: 09/24/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

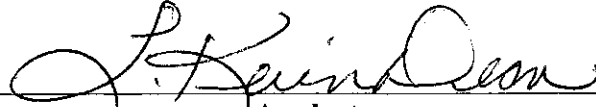
Lot Number: AG722601
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 805
Test Date: 09/24/2008 Test Time: 1:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

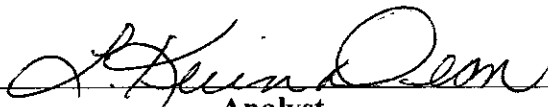
Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

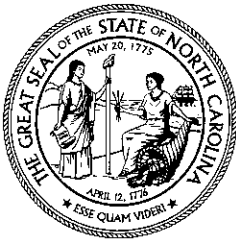
County WARREN Instrument Location NORLINA PD

Instrument Serial No. 008945 101 MAIN ST. NORLINA, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of SEPTEMBER, 20 05 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D. Smith
Signature of Certifying Official

637
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945
Test Date: 09/05/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723302
Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.07	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 51
Test Date: 09/05/2008 Test Time: 2:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

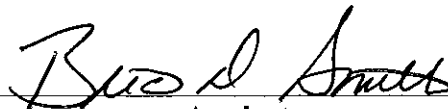
Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm

CRC Tests

Test	Status	Time
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

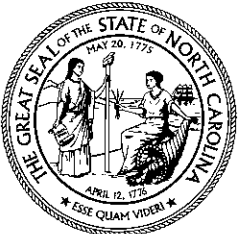
County WARREN Instrument Location WARREN CO. JAIL

Instrument Serial No. 008793 HWY 58 WARRENTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Smith
Signature of Certifying Official

637
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793
Test Date: 09/05/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722801
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 89
Test Date: 09/05/2008 Test Time: 12:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

CRC Tests

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

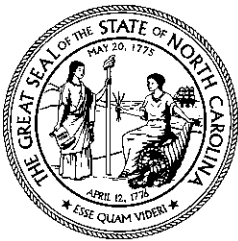
County VANCE Instrument Location VANCE CO. SHERIFF'S DEPT

Instrument Serial No. 008937 156 CHURCH ST. HENDERSON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

637

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937
Test Date: 09/05/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

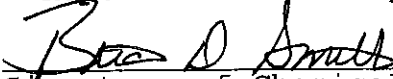
Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723402
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	4:53pm
AIR BLK	.00	4:54pm
ACCY CHK	.07	4:55pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 134
Test Date: 09/05/2008 Test Time: 5:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:01pm
SRC	Pass	5:01pm
DET	Pass	5:01pm
BAR	Pass	5:01pm
BT	Pass	5:01pm

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

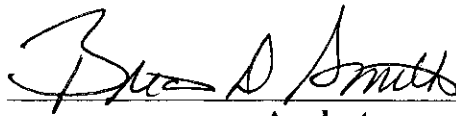
Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm

CRC Tests

Test	Status	Time
COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

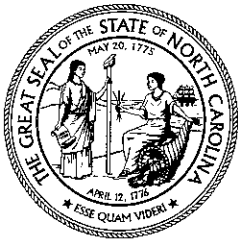
County VANCE Instrument Location VANCE CO. SHERIFF'S OFFICE

Instrument Serial No. 008870 156 CHURCH ST. HENDERSON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bob D. Smith
Signature of Certifying Official

637
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870
Test Date: 09/05/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE


Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test


Lot Number: AG722801
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	4:54pm
AIR BLK	.00	4:55pm
ACCY CHK	.07	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 66
Test Date: 09/05/2008 Test Time: 5:02pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:03pm
FLO	Pass	5:03pm
FC	Pass	5:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:03pm
SRC	Pass	5:03pm
DET	Pass	5:03pm
BAR	Pass	5:03pm
BT	Pass	5:03pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

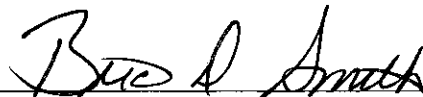
Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm

CRC Tests

Test	Status	Time
COMP	Pass	5:04pm
CAL	Pass	5:04pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE

Instrument Location CCBI

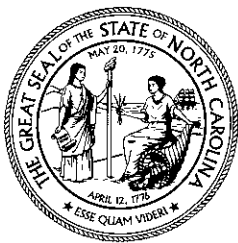
Instrument Serial No. 008651

330 S. SALISBURY ST. RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Amitt

Signature of Certifying Official

637

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008651

Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

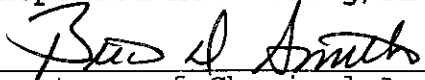
Test Type: Breath Test

Lot Number: AG723402

Exp Date: 08/21/2009

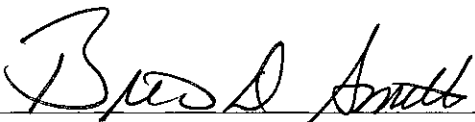
Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008651 Test Record Number: 210
Test Date: 09/29/2008 Test Time: 1:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

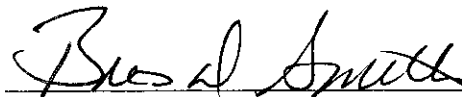
Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm

CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

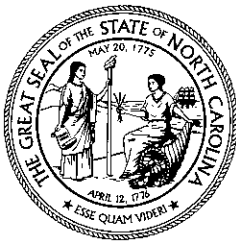
County WAKE Instrument Location CCBI

Instrument Serial No. 008615 370 S. SALISBURY ST. RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008615

Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

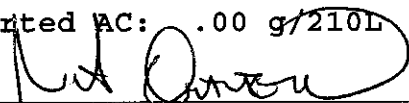
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:50am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 672
Test Date: 09/29/2008 Test Time: 11:56am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

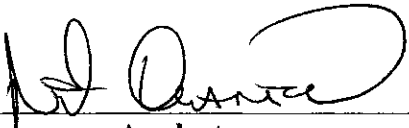
Printer Tests

Test	Status	Time
PRNT	Pass	11:57am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

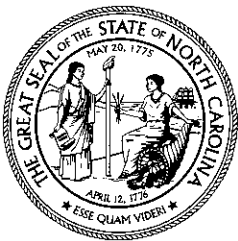
County WAKE Instrument Location CCBI

Instrument Serial No. 008816 330 S. SAUSBURY ST, RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008816
Test Date: 09/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE


Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723401
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:37am
ACCY CHK	.07	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 597
Test Date: 09/29/2008 Test Time: 11:46am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

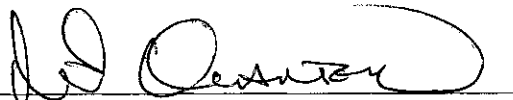
Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

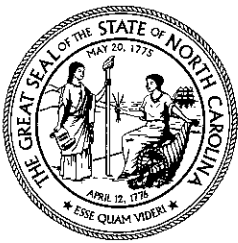
County WAKE Instrument Location CCBI

Instrument Serial No. 008686 330 S. SALISBURY ST. RALEIGH
NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of SEPTEMBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008686

Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722802

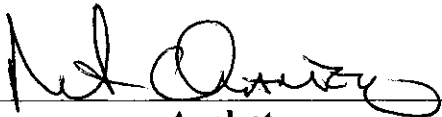
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:32am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 767
Test Date: 09/29/2008 Test Time: 11:38am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

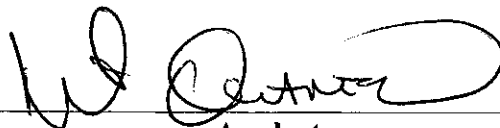
Printer Tests

Test	Status	Time
PRNT	Pass	11:39am

CRC Tests

Test	Status	Time
COMP	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

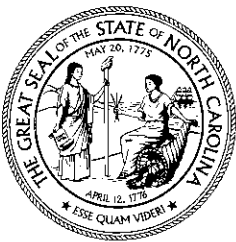
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Herford Instrument Location BAT Mobile Unit 6
Instrument Serial No. 008869 Moose

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of Sept, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Moore
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008869 Test Record Number: 71
Test Date: 09/19/2008 Test Time: 11:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:25pm
FLO	Pass	11:25pm
FC	Pass	11:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:25pm
SRC	Pass	11:25pm
DET	Pass	11:25pm
BAR	Pass	11:25pm
BT	Pass	11:25pm

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm

CRC Tests

Test	Status	Time
COMP	Pass	11:26pm
CAL	Pass	11:26pm

Preventive Maintenance
Status: Pass



Analyst

• -Inbox EC/IR-II: Subject Test

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008869
Test Date: 09/19/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814002
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:17pm
AIR BLK	.00	11:18pm
ACCY CHK	.08	11:19pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

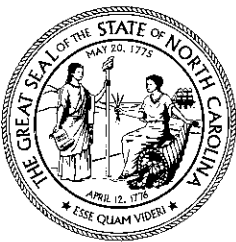
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hertford Instrument Location BAT Mobile Unit 6
Instrument Serial No. 008939 Alnoskie

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of Sept, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Black
Signature of Certifying Official

661
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008939 Test Record Number: 93
Test Date: 09/19/2008 Test Time: 10:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm

CRC Tests

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008939
Test Date: 09/19/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE


Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814101
Exp Date: 05/20/2010

Test	g/210L	Time
DIAG	Pass	10:51pm
AIR BLK	.00	10:52pm
ACCY CHK	.07	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

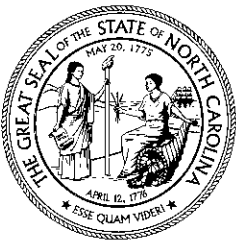
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hertford Instrument Location BAT Mobile unit C
Instrument Serial No. 8898 Ahoskie

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of Sept, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



B. C. Medley
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008898 Test Record Number: 97
Test Date: 09/19/2008 Test Time: 11:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:10pm
FLO	Pass	11:10pm
FC	Pass	11:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:10pm
SRC	Pass	11:10pm
DET	Pass	11:10pm
BAR	Pass	11:10pm
BT	Pass	11:10pm

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:11pm

CRC Tests

Test	Status	Time
COMP	Pass	11:11pm
CAL	Pass	11:11pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008898

Test Date: 09/19/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002


Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:00pm
AIR BLK	.00	11:01pm
ACCY CHK	.07	11:02pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

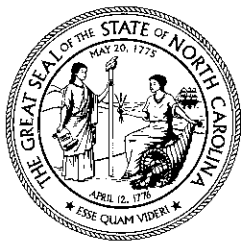
County Onslow Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008898 Holly Ridge

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of Sept, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



F. C. [Signature]
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

ONSLow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Record Number: 93
Test Date: 09/12/2008 Test Time: 11:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:15pm
FLO	Pass	11:15pm
FC	Pass	11:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:16pm
SRC	Pass	11:16pm
DET	Pass	11:16pm
BAR	Pass	11:16pm
BT	Pass	11:16pm

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm

CRC Tests

Test	Status	Time
COMP	Pass	11:16pm
CAL	Pass	11:16pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898
Test Date: 09/12/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

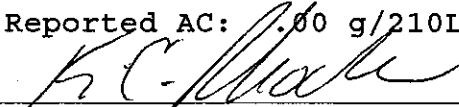
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814002
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:08pm
AIR BLK	.00	11:09pm
ACCY CHK	.07	11:09pm
AIR BLK	.00	11:10pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

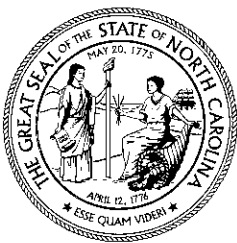
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Onslow Instrument Location BAT Mobile Unit 6
Instrument Serial No. 008869 Holly Ridge

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of Sept, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Bladen
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Record Number: 69
Test Date: 09/12/2008 Test Time: 11:53pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:53pm
FLO	Pass	11:53pm
FC	Pass	11:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:53pm
SRC	Pass	11:53pm
DET	Pass	11:53pm
BAR	Pass	11:53pm
BT	Pass	11:53pm

Blank Tests

Test	Status	Time
AIR	Pass	11:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:54pm

CRC Tests

Test	Status	Time
COMP	Pass	11:54pm
CAL	Pass	11:54pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869

Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG814002

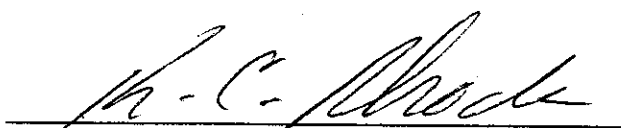
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:45pm
AIR BLK	.00	11:46pm
ACCY CHK	.08	11:46pm
AIR BLK	.00	11:47pm
SUB TEST	.00	11:48pm
AIR BLK	.00	11:49pm
SUB TEST	.00	11:50pm
AIR BLK	.00	11:51pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

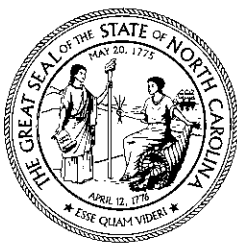
County Onslow Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939 Holly Ridge

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of Sept, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Proctor
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 88
Test Date: 09/12/2008 Test Time: 11:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:33pm
FLO	Pass	11:33pm
FC	Pass	11:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:33pm
SRC	Pass	11:33pm
DET	Pass	11:33pm
BAR	Pass	11:33pm
BT	Pass	11:33pm

Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm

CRC Tests

Test	Status	Time
COMP	Pass	11:34pm
CAL	Pass	11:34pm

Preventive Maintenance
Status: Pass



Analyst

Ilcox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939

Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

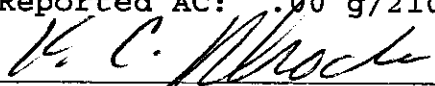
Test Type: Breath Test

Lot Number: AG814101

Exp Date: 05/20/2010

Test	g/210L	Time
DIAG	Pass	11:22pm
AIR BLK	.00	11:23pm
ACCY CHK	.07	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

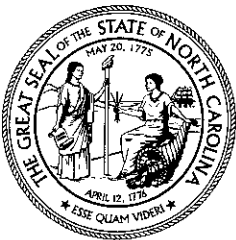
County JOHNSTON Instrument Location BENSON POLICE

Instrument Serial No. 008885 DEPT, BENSON NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885

Test Date: 09/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

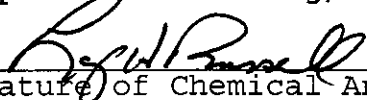
Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 59
Test Date: 09/25/2008 Test Time: 1:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

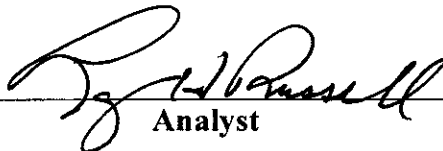
Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm

CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

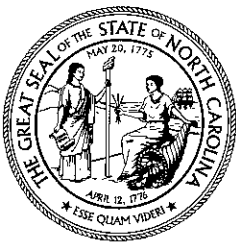
County JOHNSTON Instrument Location JOHNSTON CO. JAIL

Instrument Serial No. 008846 SMITHFIELD NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of SEPTEMBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell
Signature of Certifying Official

371
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008846
Test Date: 09/25/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

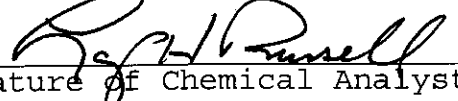
Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test


Lot Number: AG722702
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	3:01pm
AIR BLK	.00	3:02pm
ACCY CHK	.07	3:03pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 247
Test Date: 09/25/2008 Test Time: 3:09pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

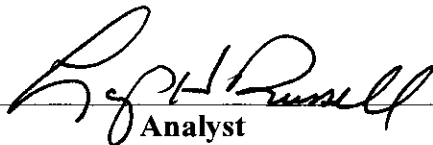
Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

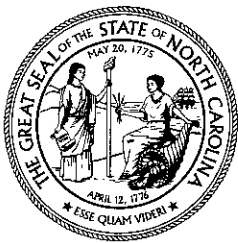
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Statesville P.D.
Instrument Serial No. 008619 330 S. Tradd St., Statesville
704-878-3406

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Billy D. Willis
Signature of Certifying Official

557
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723401
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 167
Test Date: 09/23/2008 Test Time: 11:25am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am

CRC Tests

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance
Status: Pass

Bobby D. Willis
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

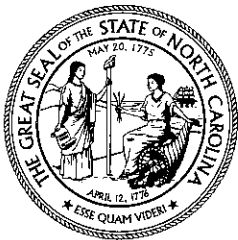
County Iredell Instrument Location Iredell Co. S.D.

Instrument Serial No. 008809 221 E. Water St., Statesville
704-878-3131

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bolley D. Willis
Signature of Certifying Official

557
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 234
Test Date: 09/23/2008 Test Time: 10:26am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance
Status: Pass

Bobby D. Willis
Analyst

Intox EC/IR-II: Subject Test

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809
Test Date: 09/23/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722601
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:19am
ACCY CHK	.07	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

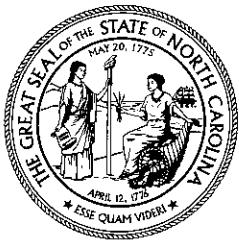
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PENDER Instrument Location PENDER County
Instrument Serial No. 8946 Sheriff's Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of September, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official

634
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 178
Test Date: 09/11/2008 Test Time: 12:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

PENDER PENDER CO SD 700

Serial Number: 008946

Test Date: 09/11/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722501

Exp Date: 08/12/2009

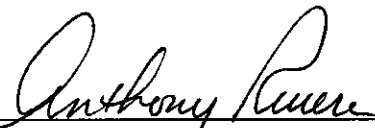
Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst